



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING (PURCHASING)
REQUEST FOR PROPOSAL (RFP)

SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901600477
TITLE: Alternatives to Abortion Program Services
ISSUE DATE: 2/17/16

REQ NO.: NR 300 30006000002
BUYER: Julie Kleffner
PHONE NO.: (573) 751-7656
E-MAIL: Julie.Kleffner@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: March 29, 2016 AT 2:00 PM CENTRAL TIME (END DATE)

VENDORS ARE ENCOURAGED TO RESPOND ELECTRONICALLY THROUGH [HTTPS://MISSOURIBUYS.MO.GOV](https://missouribuy.mo.gov) BUT MAY RESPOND BY HARD COPY (See Mailing Instructions Below)

MAILING INSTRUCTIONS: Print or type Solicitation/OPP Number and End Date on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in the Purchasing office (301 W High Street, Room 630) by the return date and time.

RETURN PROPOSAL TO: (U.S. Mail) PURCHASING or (Courier Service) PURCHASING
PO BOX 809 301 WEST HIGH STREET, RM 630
JEFFERSON CITY MO 65102-0809 JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract through May 31, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Office of Administration
Commissioner's Office
State Capitol Building, Room 125
Jefferson City MO 65101

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Request for Proposal (Revised 10/19/15). The vendor further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri.

SIGNATURE REQUIRED

DOING BUSINESS AS (DBA) NAME		LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO.	
MAILING ADDRESS		Laclede County Pregnancy Support Center	
CITY, STATE, ZIP CODE		IRS FORM 1099 MAILING ADDRESS	
		P.O. Box 373	
		CITY, STATE, ZIP CODE	
		Lebanon, MO 65536	
CONTACT PERSON		EMAIL ADDRESS	
Shaun Dickerson or Abigail Chisom		info@psc-lebanon.org abigail@psc-lebanon.org	
PHONE NUMBER		FAX NUMBER	
417-532-8555		417-532-8152	
TAXPAYER ID NUMBER (TIN)	TAXPAYER ID (TIN) TYPE (CHECK ONE)		VENDOR NUMBER (IF KNOWN)
43-1693970	<input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN		43-169370 00
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)			
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE		DATE	
		3/23/2016	
PRINTED NAME		TITLE	
Shaun Dickerson		CEO	

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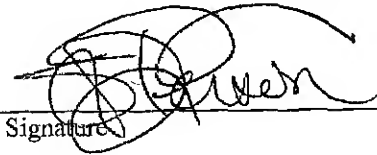
EXHIBIT ACERTIFICATION REGARDING COMPLIANCE WITH SECTION 188.325, RSMO

Regarding performing, inducing, or assisting in the performing or inducing of or referring for abortions

The vendor certifies, by submission of the proposal and by signing below, that the vendor is not an organization, or an affiliate of organizations, that "perform or induce, assist in the performing or inducing of or refer for abortions".

Shaun Dickerson, CEO

Name and Title of Authorized Representative



Signature

3/23/2016

Date

GEOGRAPHIC REGION 1		
Item #	Description	Pricing
PROFESSIONAL CASE MANAGEMENT		
1	Face-to-Face Professional Case Management	\$_____ firm, fixed price per hour
2	Home Visit Professional Case Management	\$_____ firm, fixed price per hour
3	Non Face-to-Face Professional Case Management	\$_____ firm, fixed price per hour
NON-PROFESSIONAL CASE MANAGEMENT		
4	Face-to-Face Non-Professional Case Management	\$_____ firm, fixed price per hour
5	Home Visit Non-Professional Case Management	\$_____ firm, fixed price per hour
6	Non Face-to-Face Non-Professional Case Management	\$_____ firm, fixed price per hour
PRENATAL PARENT EDUCATION AND PARENTING SKILLS TRAINING		
7	Prenatal Parent Education and Parenting Skills Training/Classes, per individual client	\$_____ firm, fixed price per hour, per client
8	Prenatal Parent Education and Parenting Skills Training/Classes, more than one client in a group setting	\$_____ firm, fixed price per hour, per group
ESTABLISHING AND PROMOTING RESPONSIBLE PATERNITY TRAINING		
9	Establishing and Promoting Responsible Paternity Training/Classes, per individual client	\$_____ firm, fixed price per hour, per client
10	Establishing and Promoting Responsible Paternity Training/Classes, more than one client in a group setting	\$_____ firm, fixed price per hour, per group
HOUSING		
11	Residential Care	\$_____ firm, fixed price per day (maximum \$100)
12	Emergency Shelter Housing	\$_____ firm, fixed price per day (maximum \$60)
13	Housing Assistance	\$_____ guaranteed not-to-exceed price per client, per month (maximum \$600)
ADMINISTRATIVE COST		
14	Administrative Cost	_____ % firm, fixed percentage (maximum 8%)

GEOGRAPHIC REGION 2		
Item #	Description	Pricing
PROFESSIONAL CASE MANAGEMENT		
1	Face-to-Face Professional Case Management	\$_____ firm, fixed price per hour
2	Home Visit Professional Case Management	\$_____ firm, fixed price per hour
3	Non Face-to-Face Professional Case Management	\$_____ firm, fixed price per hour
NON-PROFESSIONAL CASE MANAGEMENT		
4	Face-to-Face Non-Professional Case Management	\$_____ firm, fixed price per hour
5	Home Visit Non-Professional Case Management	\$_____ firm, fixed price per hour
6	Non Face-to-Face Non-Professional Case Management	\$_____ firm, fixed price per hour
PRENATAL PARENT EDUCATION AND PARENTING SKILLS TRAINING		
7	Prenatal Parent Education and Parenting Skills Training/Classes, per individual client	\$_____ firm, fixed price per hour, per client
8	Prenatal Parent Education and Parenting Skills Training/Classes, more than one client in a group setting	\$_____ firm, fixed price per hour, per group
ESTABLISHING AND PROMOTING RESPONSIBLE PATERNITY TRAINING		
9	Establishing and Promoting Responsible Paternity Training/Classes, per individual client	\$_____ firm, fixed price per hour, per client
10	Establishing and Promoting Responsible Paternity Training/Classes, more than one client in a group setting	\$_____ firm, fixed price per hour, per group
HOUSING		
11	Residential Care	\$_____ firm, fixed price per day (maximum \$100)
12	Emergency Shelter Housing	\$_____ firm, fixed price per day (maximum \$60)
13	Housing Assistance	\$_____ guaranteed not-to-exceed price per client, per month (maximum \$600)
ADMINISTRATIVE COST		
14	Administrative Cost	_____ % firm, fixed percentage (maximum 8%)

GEOGRAPHIC REGION 3		
Item #	Description	Pricing
PROFESSIONAL CASE MANAGEMENT		
1	Face-to-Face Professional Case Management	\$ _____ firm, fixed price per hour
2	Home Visit Professional Case Management	\$ _____ firm, fixed price per hour
3	Non Face-to-Face Professional Case Management	\$ _____ firm, fixed price per hour
NON-PROFESSIONAL CASE MANAGEMENT		
4	Face-to-Face Non-Professional Case Management	\$ _____ firm, fixed price per hour
5	Home Visit Non-Professional Case Management	\$ _____ firm, fixed price per hour
6	Non Face-to-Face Non-Professional Case Management	\$ _____ firm, fixed price per hour
PRENATAL PARENT EDUCATION AND PARENTING SKILLS TRAINING		
7	Prenatal Parent Education and Parenting Skills Training/Classes, per individual client	\$ _____ firm, fixed price per hour, per client
8	Prenatal Parent Education and Parenting Skills Training/Classes, more than one client in a group setting	\$ _____ firm, fixed price per hour, per group
ESTABLISHING AND PROMOTING RESPONSIBLE PATERNITY TRAINING		
9	Establishing and Promoting Responsible Paternity Training/Classes, per individual client	\$ _____ firm, fixed price per hour, per client
10	Establishing and Promoting Responsible Paternity Training/Classes, more than one client in a group setting	\$ _____ firm, fixed price per hour, per group
HOUSING		
11	Residential Care	\$ _____ firm, fixed price per day (maximum \$100)
12	Emergency Shelter Housing	\$ _____ firm, fixed price per day (maximum \$60)
13	Housing Assistance	\$ _____ guaranteed not-to-exceed price per client, per month (maximum \$600)
ADMINISTRATIVE COST		
14	Administrative Cost	_____ % firm, fixed percentage (maximum 8%)

GEOGRAPHIC REGION 4		
Item #	Description	Pricing
PROFESSIONAL CASE MANAGEMENT		
1	Face-to-Face Professional Case Management	\$ _____ firm, fixed price per hour
2	Home Visit Professional Case Management	\$ _____ firm, fixed price per hour
3	Non Face-to-Face Professional Case Management	\$ _____ firm, fixed price per hour
NON-PROFESSIONAL CASE MANAGEMENT		
4	Face-to-Face Non-Professional Case Management	\$ _____ firm, fixed price per hour
5	Home Visit Non-Professional Case Management	\$ _____ firm, fixed price per hour
6	Non Face-to-Face Non-Professional Case Management	\$ _____ firm, fixed price per hour
PRENATAL PARENT EDUCATION AND PARENTING SKILLS TRAINING		
7	Prenatal Parent Education and Parenting Skills Training/Classes, per individual client	\$ _____ firm, fixed price per hour, per client
8	Prenatal Parent Education and Parenting Skills Training/Classes, more than one client in a group setting	\$ _____ firm, fixed price per hour, per group
ESTABLISHING AND PROMOTING RESPONSIBLE PATERNITY TRAINING		
9	Establishing and Promoting Responsible Paternity Training/Classes, per individual client	\$ _____ firm, fixed price per hour, per client
10	Establishing and Promoting Responsible Paternity Training/Classes, more than one client in a group setting	\$ _____ firm, fixed price per hour, per group
HOUSING		
11	Residential Care	\$ _____ firm, fixed price per day (maximum \$100)
12	Emergency Shelter Housing	\$ _____ firm, fixed price per day (maximum \$60)
13	Housing Assistance	\$ _____ guaranteed not-to-exceed price per client, per month (maximum \$600)
ADMINISTRATIVE COST		
14	Administrative Cost	_____ % firm, fixed percentage (maximum 8%)

GEOGRAPHIC REGION 5		
Item #	Description	Pricing
PROFESSIONAL CASE MANAGEMENT		
1	Face-to-Face Professional Case Management	\$ <u>43.20</u> firm, fixed price per hour
2	Home Visit Professional Case Management	\$ <u>43.20</u> firm, fixed price per hour
3	Non Face-to-Face Professional Case Management	\$ <u>43.20</u> firm, fixed price per hour
NON-PROFESSIONAL CASE MANAGEMENT		
4	Face-to-Face Non-Professional Case Management	\$ <u>21.60</u> firm, fixed price per hour
5	Home Visit Non-Professional Case Management	\$ <u>21.60</u> firm, fixed price per hour
6	Non Face-to-Face Non-Professional Case Management	\$ <u>21.60</u> firm, fixed price per hour
PRENATAL PARENT EDUCATION AND PARENTING SKILLS TRAINING		
7	Prenatal Parent Education and Parenting Skills Training/Classes, per individual client	\$ <u>21.60</u> firm, fixed price per hour, per client
8	Prenatal Parent Education and Parenting Skills Training/Classes, more than one client in a group setting	\$ <u>27.00</u> firm, fixed price per hour, per group
ESTABLISHING AND PROMOTING RESPONSIBLE PATERNITY TRAINING		
9	Establishing and Promoting Responsible Paternity Training/Classes, per individual client	\$ <u>21.60</u> firm, fixed price per hour, per client
10	Establishing and Promoting Responsible Paternity Training/Classes, more than one client in a group setting	\$ <u>27.00</u> firm, fixed price per hour, per group
HOUSING		
11	Residential Care	\$ <u>100.00</u> firm, fixed price per day (maximum \$100)
12	Emergency Shelter Housing	\$ <u>60.00</u> firm, fixed price per day (maximum \$60)
13	Housing Assistance	\$ <u>600.00</u> guaranteed not-to-exceed price per client, per month (maximum \$600)
ADMINISTRATIVE COST		
14	Administrative Cost	<u>8</u> % firm, fixed percentage (maximum 8%)

GEOGRAPHIC REGION 6		
Item #	Description	Pricing
PROFESSIONAL CASE MANAGEMENT		
1	Face-to-Face Professional Case Management	\$ _____ firm, fixed price per hour
2	Home Visit Professional Case Management	\$ _____ firm, fixed price per hour
3	Non Face-to-Face Professional Case Management	\$ _____ firm, fixed price per hour
NON-PROFESSIONAL CASE MANAGEMENT		
4	Face-to-Face Non-Professional Case Management	\$ _____ firm, fixed price per hour
5	Home Visit Non-Professional Case Management	\$ _____ firm, fixed price per hour
6	Non Face-to-Face Non-Professional Case Management	\$ _____ firm, fixed price per hour
PRENATAL PARENT EDUCATION AND PARENTING SKILLS TRAINING		
7	Prenatal Parent Education and Parenting Skills Training/Classes, per individual client	\$ _____ firm, fixed price per hour, per client
8	Prenatal Parent Education and Parenting Skills Training/Classes, more than one client in a group setting	\$ _____ firm, fixed price per hour, per group
ESTABLISHING AND PROMOTING RESPONSIBLE PATERNITY TRAINING		
9	Establishing and Promoting Responsible Paternity Training/Classes, per individual client	\$ _____ firm, fixed price per hour, per client
10	Establishing and Promoting Responsible Paternity Training/Classes, more than one client in a group setting	\$ _____ firm, fixed price per hour, per group
HOUSING		
11	Residential Care	\$ _____ firm, fixed price per day (maximum \$100)
12	Emergency Shelter Housing	\$ _____ firm, fixed price per day (maximum \$60)
13	Housing Assistance	\$ _____ guaranteed not-to-exceed price per client, per month (maximum \$600)
ADMINISTRATIVE COST		
14	Administrative Cost	_____ % firm, fixed percentage (maximum 8%)

GEOGRAPHIC REGION 7		
Item #	Description	Pricing
PROFESSIONAL CASE MANAGEMENT		
1	Face-to-Face Professional Case Management	\$ <u>43.20</u> firm, fixed price per hour
2	Home Visit Professional Case Management	\$ <u>43.20</u> firm, fixed price per hour
3	Non Face-to-Face Professional Case Management	\$ <u>43.20</u> firm, fixed price per hour
NON-PROFESSIONAL CASE MANAGEMENT		
4	Face-to-Face Non-Professional Case Management	\$ <u>21.60</u> firm, fixed price per hour
5	Home Visit Non-Professional Case Management	\$ <u>21.60</u> firm, fixed price per hour
6	Non Face-to-Face Non-Professional Case Management	\$ <u>21.60</u> firm, fixed price per hour
PRENATAL PARENT EDUCATION AND PARENTING SKILLS TRAINING		
7	Prenatal Parent Education and Parenting Skills Training/Classes, per individual client	\$ <u>21.60</u> firm, fixed price per hour, per client
8	Prenatal Parent Education and Parenting Skills Training/Classes, more than one client in a group setting	\$ <u>27.00</u> firm, fixed price per hour, per group
ESTABLISHING AND PROMOTING RESPONSIBLE PATERNITY TRAINING		
9	Establishing and Promoting Responsible Paternity Training/Classes, per individual client	\$ <u>21.60</u> firm, fixed price per hour, per client
10	Establishing and Promoting Responsible Paternity Training/Classes, more than one client in a group setting	\$ <u>27.00</u> firm, fixed price per hour, per group
HOUSING		
11	Residential Care	\$ <u>100.00</u> firm, fixed price per day (maximum \$100)
12	Emergency Shelter Housing	\$ <u>60.00</u> firm, fixed price per day (maximum \$60)
13	Housing Assistance	\$ <u>600.00</u> guaranteed not-to-exceed price per client, per month (maximum \$600)
ADMINISTRATIVE COST		
14	Administrative Cost	<u>8</u> % firm, fixed percentage (maximum 8%)

GEOGRAPHIC REGION 8		
Item #	Description	Pricing
PROFESSIONAL CASE MANAGEMENT		
1	Face-to-Face Professional Case Management	\$ <u>43.20</u> firm, fixed price per hour
2	Home Visit Professional Case Management	\$ <u>43.20</u> firm, fixed price per hour
3	Non Face-to-Face Professional Case Management	\$ <u>43.20</u> firm, fixed price per hour
NON-PROFESSIONAL CASE MANAGEMENT		
4	Face-to-Face Non-Professional Case Management	\$ <u>21.60</u> firm, fixed price per hour
5	Home Visit Non-Professional Case Management	\$ <u>21.60</u> firm, fixed price per hour
6	Non Face-to-Face Non-Professional Case Management	\$ <u>21.60</u> firm, fixed price per hour
PRENATAL PARENT EDUCATION AND PARENTING SKILLS TRAINING		
7	Prenatal Parent Education and Parenting Skills Training/Classes, per individual client	\$ <u>21.60</u> firm, fixed price per hour, per client
8	Prenatal Parent Education and Parenting Skills Training/Classes, more than one client in a group setting	\$ <u>27.00</u> firm, fixed price per hour, per group
ESTABLISHING AND PROMOTING RESPONSIBLE PATERNITY TRAINING		
9	Establishing and Promoting Responsible Paternity Training/Classes, per individual client	\$ <u>21.60</u> firm, fixed price per hour, per client
10	Establishing and Promoting Responsible Paternity Training/Classes, more than one client in a group setting	\$ <u>27.00</u> firm, fixed price per hour, per group
HOUSING		
11	Residential Care	\$ <u>100.00</u> firm, fixed price per day (maximum \$100)
12	Emergency Shelter Housing	\$ <u>60.00</u> firm, fixed price per day (maximum \$60)
13	Housing Assistance	\$ <u>600.00</u> guaranteed not-to-exceed price per client, per month (maximum \$600)
ADMINISTRATIVE COST		
14	Administrative Cost	<u>8</u> % firm, fixed percentage (maximum 8%)

GEOGRAPHIC REGION 9		
Item #	Description	Pricing
PROFESSIONAL CASE MANAGEMENT		
1	Face-to-Face Professional Case Management	\$ _____ firm, fixed price per hour
2	Home Visit Professional Case Management	\$ _____ firm, fixed price per hour
3	Non Face-to-Face Professional Case Management	\$ _____ firm, fixed price per hour
NON-PROFESSIONAL CASE MANAGEMENT		
4	Face-to-Face Non-Professional Case Management	\$ _____ firm, fixed price per hour
5	Home Visit Non-Professional Case Management	\$ _____ firm, fixed price per hour
6	Non Face-to-Face Non-Professional Case Management	\$ _____ firm, fixed price per hour
PRENATAL PARENT EDUCATION AND PARENTING SKILLS TRAINING		
7	Prenatal Parent Education and Parenting Skills Training/Classes, per individual client	\$ _____ firm, fixed price per hour, per client
8	Prenatal Parent Education and Parenting Skills Training/Classes, more than one client in a group setting	\$ _____ firm, fixed price per hour, per group
ESTABLISHING AND PROMOTING RESPONSIBLE PATERNITY TRAINING		
9	Establishing and Promoting Responsible Paternity Training/Classes, per individual client	\$ _____ firm, fixed price per hour, per client
10	Establishing and Promoting Responsible Paternity Training/Classes, more than one client in a group setting	\$ _____ firm, fixed price per hour, per group
HOUSING		
11	Residential Care	\$ _____ firm, fixed price per day (maximum \$100)
12	Emergency Shelter Housing	\$ _____ firm, fixed price per day (maximum \$60)
13	Housing Assistance	\$ _____ guaranteed not-to-exceed price per client, per month (maximum \$600)
ADMINISTRATIVE COST		
14	Administrative Cost	_____ % firm, fixed percentage (maximum 8%)

EXHIBIT B

Vendor's Experience and Reliability and Expertise of Personnel

VENDOR INFORMATION

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.

The Laclede County Pregnancy Support Center (LCPSC) is a non-profit organization 501 (c) (3). It was founded in 1991 for the purpose of helping women who are facing an unplanned pregnancy and assisting them to find viable alternatives to abortion and to improve their pregnancy outcomes. The LCPSC has been serving Laclede County and its neighboring counties since that time. The LCPSC is a member of the local Chamber of Commerce and has been recognized several times as an outstanding local business. It is also a member of the Alliance for Life Missouri and Heartbeat International. Governed by a Board of Directors, the LCPSC adopted its bylaws and was officially incorporated in 1994. With over 25 years in existence, it has proved its viability and sustainability.

2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.

The LCPSC has served numerous mothers through pregnancy testing, educational services, and one on one mentoring enabling them to have the healthiest and most successful pregnancies possible. Assistance in acquiring needed items for both expectant mothers and their babies is provided. The LCPSC is a pro-life organization and never has and never will perform or induce, assist in the performing or inducing of or refer for abortions. The center targets low-income families, teen mothers and single parents, but does not deny services to any parent or child. Currently the LCPSC offers the following free services:

- Lab quality early pregnancy detection testing
- Limited ultrasounds
- Prenatal education
- Residential care for expectant and new mothers and their babies
- Pregnancy and parenting education
 - We utilize an extensive curriculum that begins at first contact and continues for one year post partum. Classes are current, relevant and individualized to each woman's needs as related to pregnancy and parenting.
- Adoption, medical and community referrals
 - We maintain an updated and extensive list of resources that are applicable to our clientele. We cooperate and maintain good working relationships with these other entities and refer our clients as needed.
- Abstinence Education presented to single individuals
- Post-Abortion support for women struggling emotionally with the after-effects of a previous abortion
- Life skills classes for new and expecting parents
- Options counseling
 - Upon their initial visit, clients are given factual information concerning all of their options concerning their pregnancy and tools to make a life-affirming choice
- Sexual health education

Exhibit B (cont.)

- Clients are offered education regarding STD/STIs in relation to themselves and their unborn babies
- Clients may receive information about abstinence and avoidance of risk behaviors
- Material assistance
 - We maintain an onsite resource market. The market is stocked with donated items which are distributed free of charge to clients as need indicates. Items include, but are not limited to, items related to pregnancy and child rearing.

The website for the LCPSC is www.pregnancyhelplebanon.com

3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

As a subcontractor of the Alliance for Life, the LCPSC participated in the Alternatives to Abortion program in FY2007-FY2009. In FY2010, the LCPSC bid for the Alternatives to Abortion grant as a Contractor and was awarded the grant for that year and continuing. The vendor has no other current contracts.

4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.

The LCPSC has maintained its contract with Alternatives to Abortion and has neither gained nor lost any other contracts.

5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes	Clearly identify and describe the experience
Identify specific information about experience:	
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	LCPSC provides material assistance (diapers, food, formula, etc.) which allows a family to utilize its limited income for housing, utilities, etc.
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	Sessions are offered in relationship building. Weekly updated local employment opportunities provided. Career Center referrals given.
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	LCPSC promotes and educates on abstinence until marriage, however does not establish annual numerical goals.
Encouraging the formation and maintenance of two-parent families	Marriage materials supplied; counseling referrals; pre-marital counseling referrals

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.

The LCPSC is governed by a Board of Directors as laid out in the original Bylaws of the corporation. The property and the business of the corporation are controlled and managed by the Board. The day to day business is supervised by the CEO who is hired by and reports to the Board. This organization has no partners, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.

Exhibit B (cont.)

7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

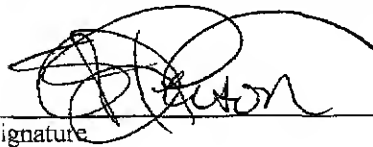
There are no pending or final legal proceedings involving LCPSC or its employees.

EXHIBIT CCERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Shaun Dickerson, CEO

Name and Title of Authorized Representative



Signature

3/23/2016

Date

Exhibit D**Current/Prior Experience**

Vendor Name or Subcontractor Name: <u>Laclede Pregnancy Support Center</u> (if reference is for a Subcontractor):	
Reference Information (Current/Prior Services Performed For:)	
Name of Reference Company/Client:	Laclede County Pregnancy Support Center
Address of Reference Company/Client:	P.O. Box 373, Lebanon, MO 65536
Reference Contact Person Name, Phone #, and E-mail Address:	Shaun Dickerson 417-532-8555 info@psclebanon.org Abigail Chisom 417-532-8555 abigail@psclebanon.org
Title/Name of Service/Contract	Alternatives to Abortion
Dates of Service/Contract:	2006 to present
If service/contract has terminated, specify reason:	N/A
Size of Service such as: <input checked="" type="checkbox"/> Number of Individuals Being Served <input checked="" type="checkbox"/> Total Annual Value/Volume	27 clients served since 7/1/2015 to date. Since LCPSC began participating in 2006, it has served 115 distinct clients.
Size of Service/Contract (in terms of vendor's total amount of business)	Since 2006 to present, the LCPSC served 1561 distinct clients.
Description of Services Performed, such as: <input checked="" type="checkbox"/> Population Served <input checked="" type="checkbox"/> Type of Services Performed <input checked="" type="checkbox"/> Geographic Area Served <input checked="" type="checkbox"/> Vendor's specific duties and strategic objective	Serving pregnant females ages 12-45, their children and acknowledging fathers of baby; objective to reduce the number of abortions and improve pregnancy outcomes; providing professional and non-professional case management; mentoring; prenatal, parenting, life skills education; assistance with housing, utilities, referrals, and material support. Geographic area served includes Regions 5, 7 and 8.
Personnel Assigned to Service/Contract (include position title):	Shaun Dickerson, CEO & Non-professional Case Manager Tammy Dickerson, Nurse Manager & Professional Case Manager Abigail Chisom, Asst. Director & Non-professional Case Manager

Exhibit E

EXPERTISE OF KEY PERSONNEL

Title of Position: <u>Professional Case Manager</u>	
Name of Person:	Tammy Dickerson, RN
Educational Degree (s): include college or university, major, and dates	Registered Nurse
License(s)/Certification(s), #(s), expiration date(s), if applicable:	2008005264
Specialized Training Completed.	RN school; Ultrasound training
# of years experience in area of service proposed to provide:	10
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Tammy has been a professional case manager and nurse manager for LCPSC since 2006.
Describe this person's responsibilities over the past 12 months.	Tammy has done the professional case management for each client assessing needs, domestic violence, EPDS and preparing IPCPs.
Previous employer(s), positions, and dates	Currently works also at Lake Regional Hospital, Osage Beach, MO.
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	
✓ Family/marital counseling	
✓ Social work	Tammy Dickerson previously worked for Teen Challenge.
✓ Case management	Case management for 10 years with LCPSC
✓ Program administration	Currently Nurse Manager for LCPSC; oversees nurse training, testing and ultrasound paperwork and reports to CEO and doctor; oversees development of IPCPs

Exhibit E (cont.)

Title of Position: <u>Non-professional Case Manager</u>	
Name of Person:	Shaun Dickerson
Educational Degree (s): include college or university, major, and dates	NA
License(s)/Certification(s), #(s), expiration date(s), if applicable:	N/A
Specialized Training Completed.	Has attended numerous seminars on unplanned pregnancy assistance.
# of years experience in area of service proposed to provide:	11 years with LCPSC; 15 years with Teen Challenge; healthy choices instructor at local schools; youth pastor over 12 years
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Shaun Dickerson has been employed by the LCPSC for 11 years in varying capacities. Currently serves as CEO of the LCPSC and non-professional case manager.
Describe this person's responsibilities over the past 12 months.	Shaun has the oversight of the LCPSC and works closely with Tammy Dickerson, RN to assure a quality program. He also worked directly with individual clients.
Previous employer(s), positions, and dates	Previously employed by Teen Challenge over 11 years ago.
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	
✓ Family/marital counseling	Shaun has done peer counseling at Teen Challenge and with youth groups. He has done work in pre-marital counseling through church and has mentored young couples at the LCPSC.
✓ Social work	
✓ Case management	Shaun has worked as a case manager at the LCPSC for 11 years and counsels with other case managers.
✓ Program administration	Shaun has been the CEO of LCPSC for almost 11 years and oversees the employees, budgets, fundraisers, creates newsletters, meets and reports to the Board of Directors and furnishes vision for the future.

Exhibit E (cont.)

Title of Position: <u>Non-professional Case Manager</u>	
Name of Person:	Abigail Chisom
Educational Degree (s): include college or university, major, and dates	Saints' Academy; Two Year Teacher Training Course 1973-1975
License(s)/Certification(s), #(s), expiration date(s), if applicable:	N/A
Specialized Training Completed.	Has attended numerous seminars on unplanned pregnancy assistance.
# of years experience in area of service proposed to provide:	13
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Abigail has been employed by the LCPSC for 13 years and serves as the Assistant Director.
Describe this person's responsibilities over the past 12 months.	Abigail oversees the client services and volunteer recruiting and training. She works directly with clients and creates individualized plans for clients. She does non-professional case management for the Alternatives to Abortion program.
Previous employer(s), positions, and dates	Saints' Academy; teacher 1975-1995
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	Through teacher training and years of working with children as a teacher and a youth group leader (1973-1995)
✓ Family/marital counseling	Working with families since 2003 on relationship issues at the LCPSC
✓ Social work	
✓ Case management	Began doing case management in 2003 for LCPSC and has been involved in case management for Alternatives to Abortion since 2006
✓ Program administration	As assistant director of the LCPSC, Abigail has direct input and responsibilities relating to the oversight of the program. Since 2003 she has been involved in training volunteers and new staff. She is the person responsible for updating curriculum and resources.

Exhibit F

METHOD OF PERFORMANCE

1. Identify the service location as well as any satellite locations. Describe the geographic proximity of the services being proposed to the majority of clients to be served. Describe how women initially access services and locate the service location.

The LCPSC is located at 525 S. Washington Ave., Lebanon, Missouri, and is a spacious, modern facility. There are private rooms available for classes and case management as well as a “resource market”. The location is easy to find yet just enough off the main commercial area to provide discretion. Lebanon, the Laclede County seat, is centrally located to the proposed service areas and is commonly used for commerce, medical services and recreation by people living in the outlying rural areas. The LCPSC has always served clients from the surrounding counties as it is one of the larger towns in the area. There are five counties that are in a less than 40 mile proximity of the LCPSC. Case managers from the LCPSC will also do home visits or meet with clients at a convenient meeting place closer to the client’s home. The LCPSC also has locations in Marshfield and Ava. Women initially access services through referrals or may drop in and may locate the service location by visiting the website, seeing the billboard sign or sign on the building, calling and asking for directions or locating the center address on literature they may have received. The LCPSC offers free pregnancy testing and ultrasounds therefore many women make appointments or walk-in for those services and upon pregnancy verification, may be introduced to the Alternatives to Abortion Services Program.

2. Describe the demographic profile of the at-risk population to be served. Describe outreach strategies for reaching the targeted at-risk population(s), including strategies for addressing the cultural diversity of targeted clients.

The LCPSC had 1,991 client visits in 2015 and saw 380 unique clients. We hope to enroll at least 35 women through this program throughout the year. Though we see a wide range of clients (ages 12-65), our average client is Caucasian, between the ages of 16-22, not college educated and with an income below the federal poverty level. Most are unmarried and lack family support. Minority populations are increasing slowly and the LCPSC strives to have a culturally diverse staff and volunteer staff. A Spanish speaking translator is available and literature is on hand for Spanish speaking clients. The LCPSC has served clients who identify as bi-sexual or lesbian and have worked to establish the best birth outcomes for them without prejudice. Every pregnant woman regardless of race, ethnicity or religious preference is treated with compassion and equal respect. Following are statistics on three counties that are currently served by the LCPSC and are representative of the geographic regions contained in this proposal. Statistics are from the 2014 Missouri Kids Count (www.missourikidscountdata.org).

- Laclede County (ranked #105 in state)
 - 22% of births to mothers without high school diplomas
 - 7.7% of infants born with low birthweight
 - 66.7 per 1000 child abuse and neglect family assessments
 - 38.7% of children in single parent families
 - 9.6 per 1000 live births; infant mortality rate
 - 26.9% of children under six in poverty
- Webster County (ranked #87 in state)
 - 36% of births to mothers without high school diplomas
 - 5.8% of infants born with low birthweight
 - 34.7 per 1000 child abuse and neglect family assessments
 - 28.9% of children in single parent families
 - 8 per 1000 live births; infant mortality rate
 - 29.7% of children under six in poverty

Exhibit F (Cont.)

- Dallas County (ranked #96 in state)
 - 30.6% of births to mothers without high school diplomas
 - 6.4% of infants born with low birthweight
 - 56.6 per 1000 child abuse and neglect family assessments
 - 22.0% of children in single parent families
 - 3.9 per 1000 live births; infant mortality rate
 - 48.1% of children under six in poverty

3. Describe the marketing of services.

As aforementioned, the LCPSC serves a large number of women through its normal programming. Though any pregnant woman may apply for the Alternatives to Abortion program, it is standard for any client who expresses a desire to abort her pregnancy or who is deemed to be abortion vulnerable to be informed of the Alternatives to Abortion program and be given an immediate opportunity to apply. Abortion vulnerable clients will also be served upon request or as determined by a professional case manager. The Health Department in each county will be notified that the LCPSC has been awarded a grant and will be encouraged to refer clients as applicable. The LCPSC already has a good working relationship with a number of counties' Health Departments. The LCPSC maintains a website that is designed to reach our target clientele and other advertising for the LCPSC includes bench ads, billboards, door hanger campaign, and local outreach events. The LCPSC utilizes materials produced by the State of Missouri to promote the Alternatives to Abortion program.

4. Identify the site where the Individual Risk and Needs Assessment and Initial Client Assessment will be conducted. Describe how client eligibility will be determined.

The Individual Risk and Needs Assessment and Initial Client Assessment will be conducted at the Laclede County Pregnancy Support Center located at 525 S. Washington Ave., Lebanon, Missouri in a confidential, comfortable setting except upon a client's request for a more convenient location, at which time special arrangements will be made for her convenience or confidentiality. Eligibility is based upon a client's choice to carry her unborn child to term instead of having an abortion. She will be assessed to determine that she is a Missouri resident living at or below 185% of federal poverty level. A professional case manager will assess any risk factors related to abortion and the need for assistance to have a healthy and successful pregnancy.

5. Describe the development and updating of the Individualized Pregnancy Continuation Plan including the involvement of the client in the process.

Upon enrollment a client must give written consent to receive Alternatives to Abortion Program services. Within 24 hours, a professional case manager will address any urgent or emergency needs the client may have and take care of those situations immediately or as needed. Within seven days of admission, an Initial Client Assessment, including a domestic violence assessment will be made. The case manager will document the risk factors and the services needed to minimize the risk of abortion and work alongside the client to establish the IPCP addressing specific needs and obstacles the client has related to carrying her unborn child to term.

A case manager will meet a minimum of once a month with the client to assess the client's progress, to minimize the risk of abortion, to improve the pregnancy outcome and to determine if her situation has changed causing a need for modification of the IPCP. At these meetings, the client will have liberty to make requests for additional or new services and to be a major player in deciding the goals to be set within the IPCP. The case manager's goal will be to give the client the tools she needs to be self-sufficient.

Exhibit F (Cont.)

6. Provide a detailed description of the case management process. Identify the hours of service including emergency coverage outside of business hours and weekends.

A client is assigned a case manager who will service the needs of the client and perform all required case management responsibilities designed to minimize the risk of abortion and improve the pregnancy outcome. The case manager will arrange for at least one face to face meeting each month in either the LCPSC facility, the client's home or at another agreed upon location. Meetings will be scheduled to fit a client's individual schedule. Case management is available:

Monday and Thursday	8:30 am to 6:00 pm
Tuesday and Wednesday	8:30 am to 5:00 pm
Friday	8:45 am to 1:00 pm

At each regular case management appointment, the case manager and the client will revisit the IPCP and any issues relating to the last visit. Both parties will actively decide on needs, goals, and actions related to achieving the client's best outcome for herself and her child. Case manager will provide referrals as needed and also educate the client on how to locate the services she needs. The client or the case manager may also initiate other meetings as needed. Each client will be provided the full contact information including address, phone number and website of the LCPSC as well as the hours of operation. Case managers will also be available on an emergency basis and may need to visit clients under special circumstances such as at the hospital or jail. Every client will be given the cell phone number of a case manager who can be contacted 24 hours a day and seven days a week should an emergency arise.

7. Provide a preliminary outline and description of the proposed content of the required trainings. Additionally, provide copies of any training materials (e.g. manuals, resource books, handouts, reinforcement materials) proposed for use in conducting the training sessions.

Curriculum Information

Mandatory Classes

These classes are based on "Promoting Healthy Families in Your Community" as located at www.childwelfare.gov/preventing. A variety of materials are used for these lessons and the majority of them are state produced. Among these are the "Pregnancy and Beyond Keepsake Book", and brochures, "Alcohol and Pregnancy; Keeping Your Baby Sober"; "Pregnancy and Drugs"; "Shots For Your Child's Health", "Have a Healthy Pregnancy – Don't Smoke", "Folic Acid, Everyday" and others. Materials have also been obtained from March of Dimes and from the SIDS foundation. A few of these mandatory classes also draw from information from the Earn While You Learn series. (See next paragraph for more Earn While You Learn information.)

Other Prenatal and Parenting Resources

The LCPSC uses the *Earn While You Learn* curriculum produced by Heritage House. (www.hh76.com) These lessons are updated as needed and as new materials become available. Most of the lessons have an educational DVD, homework and informational handouts. The materials used for these lessons are produced by reputable organizations such as Parents Action for Children (www.parentsaction.org), Poly Health Media, National Geographic, Midwest Children's Resource Center, MyBirthClass (www.mybirthclass.com) and the Air Force Medical Services. (www.pregnancyatoz.com).

Exhibit F (Cont.)

Parenting Classes

All of our parents of newborns are shown a DVD called "The Happiest Baby" with Dr. Harvey Karp, noted pediatrician and child development expert (www.happiestbaby.com). For those clients choosing the parenting curriculum, we offer the "1-2-3 Magic" and "More 1-2-3 Magic" programs produced by Dr. Thomas W. Phelan, an internationally renowned expert and lecturer on child discipline. (www.parentmagic.com)

Life Skills

Many of our clients are living independently for the first time and have not been given the skills needed to become self-sufficient, successful parents. This curriculum offers classes in topics such as Money Management (www.cambridgeeducational.com), Basics of Budgeting, Apartment Renting 101, Family Violence (www.kidsafetystore.com), Conflict Resolution, Time Management and more. These lessons are selected to meet an individual client's particular needs and work together with the IPCP. These lessons are also produced by Heritage House.

(For more details on Curriculum see Attachment 8.)

8. Describe each of the Additional Client Services specified in the RFP. Explain the service delivery system including any referral network and referral plan. Describe the cultural competency of providers.
 - a. Prenatal Care- If identified in a client's IPCP, the case manager will assure that the client is receiving pregnancy-related care by a licensed health care provider. Such care will only be provided in the case that the client has been denied MO HealthNet coverage. This care will be for prenatal care and for pregnancy related conditions only. Some clients may be referred to clinics and women's centers in those counties that provide those services.
 - b. Medical Care- If identified in a client's IPCP, the case manager will assure that the client is receiving medical care by a licensed health care provider. This may be related to the maintenance of health, and prevention or treatment of illness, injury, or pregnancy complications, and such services related to the prevention of abortion. Documentation will be retained in the client's record that she has applied for MO HealthNet and has either been denied coverage or the requested medical services are not MO HealthNet eligible.
 - c. Mental Health Care- If the client's IPCP indicates that the client requires mental health care counseling and treatment to assist her with management of a mental illness or condition, client shall be referred and/or provided with counseling and treatment through a licensed/certified professional in the State of Missouri. Client will also be referred to the local Pathways program.
 - d. Newborn or Infant Care- If identified in the client's IPCP, the LCPSC shall ensure the provision of newborn or infant care by a licensed medical provider as related to the maintenance of health or prevention of illness, and treatment of injury or illness for the infant in the twelve (12) months after delivery. Documentation will be retained in the client's record that she has applied for MO HealthNet for her child and has either been denied coverage or the requested medical services are not MO HealthNet eligible.
 - e. Adoption Assistance- If a client's IPCP reveals that she has an interest in adoption as a possible choice, the LCPSC case managers are well versed on the subject and have accurate information on hand. The case managers are also able to make specific referrals to a variety of agencies and will assist a client in making contact and meeting with representatives from the agency of the client's choice or legal assistance as needed.

Exhibit F (Cont.)

- f. **Child Care-** If a client's IPCP indicates that she needs child care in order to participate in services provided through the Alternatives to Abortion program, she will be assisted in applying for child care services through the Department of Social Services. Client may be assisted by the LCPSC if she is awaiting determination or has been denied for child care services and such documentation shall be retained. LCPSC maintains a state approved list of referrals for safe childcare. Child care may be provided by a non live-in relative or other service provider.
- g. **Clothing-** The LCPSC maintains a resource market that has maternity clothing and baby clothes. However, from time to time if a client has needs that cannot be met by our market or by the local free store, the client may have clothing purchased as it relates to pregnancy, newborn care and parenting as identified in her IPCP.
- h. **Domestic Abuse Protection-** If identified in the client's IPCP, the case manager will include services needed to provide the client and/or her child(ren) protection and a safe place to stay. We have a working relationship with the safe house in Lebanon, Missouri and would use them as a resource for a woman needing safe housing. Case managers may provide transportation and may accompany clients to the courthouse to assist them in completing and filing paperwork for an order of protection as needed which assures the physical and emotional safety of the client and her child(ren).
- i. **Drug and Alcohol Testing and Treatment-** If identified in a client's IPCP, the client will be assisted in finding the proper testing and treatment. The LCPSC maintains referrals to local drug testing facilities, counseling and treatment centers and will ensure the provision of drug and alcohol testing and treatment.
- j. **Educational Services-** If identified in the client's IPCP, the client will be encouraged to participate in a formal educational program to allow her to advance toward a high school diploma or equivalent, business, vocational, technical training, or college undergraduate degree. Clients needing their GED or HiSet will be referred to the local Literacy Program or the Adult Education program at Ozark Technical College located in Lebanon, MO. Teen mothers who are struggling to finish their high school diplomas may be referred to the Alternative School program that is geared toward assisting the teen who needs a more specialized schedule. Clients wanting business, vocational, or technical training or desiring a college education will be encouraged and assisted in making contact with one or more of the following agencies: Department of Economic Development; Department of Elementary and Secondary Education; Department of Higher Education; Department of Social Services; Community Resources; Community Action Agencies.
- k. **Food-** If identified in the client's IPCP, the client will be assisted in applying for food assistance through the WIC and SNAP programs. Clients will also be given referrals to local food pantries as needed. Food that has been donated to the LCPSC will also be made available as needed. The LCPSC will ensure that the client has food relating to pregnancy, newborn care, and parenting.

Exhibit F (Cont.)

- l. **Housing-** If identified in the client's IPCP, the client will be assisted in obtaining safe and adequate housing for herself and her child(ren). The contractor will contact the following agencies in working toward providing housing: The Lebanon Housing Authority; Department of Economic Development; Department of Labor and Industrial Relations; Department of Mental Health; Community Resources; Community Action Agencies.
 - o Emergency Shelter Housing is short-term housing not to exceed 15 day in duration for the time period the client is enrolled in the Alternatives to Abortion program. The case manager will assess the need for and provide access to safe housing. Emergency shelter will be provided in a licensed shelter or when a licensed shelter is full or unavailable in a particular region, a motel room will be provided.
 - o Residential Care- Residential care shall include housing, case management services, utilities, transportation, food, administration of medications, and group Prenatal Parent Education and Parenting Skills classes and/or training. Residential care may be provided for the client from pregnancy through twelve (12) months post partum or as assistance to the client to transition to an independent living situation. LCPSC will refer clients under the age of 18 to residential care facilities that are licensed by the Missouri Department of Social Services. Facilities providing services to clients age 18 and over must be licensed through, or appropriate permits secured from, the local political subdivisions including, but not limited to, business license, fire inspection, and building inspection. Upon request by the state agency, the LCPSC will provide the state agency with a copy of license(s) and/or inspections. The LCPSC maternity home has met these qualifications and clients will be given that facility as a viable option but a list of referrals for other residential facilities is maintained for clients who desire to locate residential housing in a different part of the state.
 - o Housing Assistance- If identified in the client's IPCP, the LCPSC will provide housing assistance with rent, house payments or a security deposit. This assistance will not exceed three months of assistance within a twelve month period.
- m. **Utilities-** If client is not in emergency or residential housing, the LCPSC will assist the client with utilities (heating, cooling, water, basic phone service, trash and electricity) as need is established by her IPCP. Client will first be referred to and must contact LIHEAP, MOCA, Crosslines and the Salvation Army who are local energy assistance agencies. If those agencies are out of funding, the LCPSC will assist the client no more than three times within a twelve month period.
- n. **Job Training-** If identified in the client's IPCP, client will be provided with job training and/or a placement program such as the Missouri Career Center, WIA or MERS/Goodwill that will facilitate or enhance her employability and/or provide such services for the father of the client's infant if he does not otherwise qualify for help. The following agencies will be contacted for assistance: Department of Economic Development; Department of Labor and Industrial Relations; Department of Social Services.
- o. **Supplies-** If identified in the client's IPCP, the LCPSC shall ensure the client is provided with supplies relating to pregnancy, newborn care, and parenting. The LCPSC will assist with supplies that are available in its resource market, will continue to maintain working relationships with and will refer clients to local agencies that are set up to assist the client (Crosslines and The Free Store). In addition, if the case manager determines that the client is unable to provide a safe sleep environment for the client's infant, the LCPSC shall ensure that the client is provided with a Pack N' Play which meets the 2011 American Academy of Pediatric Recommendations. If an item is unavailable through the above mentioned resources, items will be purchased as identified in the client's IPCP.
- p. **Transportation-** If identified in the client's IPCP, the LCPSC shall ensure transportation for the client and the client's child(ren) is provided in order for the client and the client's child(ren) to access any services identified in her IPCP. Client will be given referrals to Medicaid Transport and the OATS bus. Clients in regions with public transportation may be given transportation vouchers. In rural regions where there is no public transportation clients may receive gas assistance to access services related to her IPCP.

Exhibit F (Cont.)

- q. **Ultrasound Services-** If identified in the client's IPCP, the LCPSC shall ensure the client is provided with ultrasound services. Ultrasound services shall be defined as high frequency sound waves used in monitoring and imaging as medically necessary that are ordered by a licensed healthcare provider and delivered by a certified ultrasound technician. Documentation will be obtained and retained that she has applied for MO HealthNet has either been denied coverage or the ultrasound services are not MO HealthNet eligible
- r. **Other Services-** If identified in the client's IPCP, the contractor shall ensure the client is provided with other additional client services related to (1) assisting the client in carrying the client's unborn child to term instead of having an abortion (2) assisting the client in caring for the client's dependent child(ren) or (3) placing the client's child for adoption or (4) assisting the client to become self-sustaining. The LCPSC will provide a written request utilizing Attachment 4 and will also provide documentation showing an estimate of the cost of the services. LCPSC will not provide "Other Services" without state agency approval. Payments for a client's auto loan will be limited to \$400 per month for a maximum period of three months within a twelve month period. All "Other Services" will be considered only after all other referrals and avenues of assistance are exhausted.

- 9. *Describe how the information obtained in the client satisfaction is utilized to improve upon services provided.*

The client satisfaction summary provides an opportunity for the staff of the LCPSC to evaluate the services provided and the efficacy thereof. Though the evaluation is comprised of services inclusive of all contractors, the LCPSC takes seriously the outcome as a possible self reflection. Each section that applies to services provided is examined to see if the LCPSC is lacking or needing improvement or amending of its own services. It is a tool to allow the client to receive the best quality of care.

- 10. Describe the plan for developing and implementing an evaluation and continuous quality improvement plan. Include evidence of evaluation and continuous quality improvement process activities that evaluate (1) infrastructure, (2) method of delivery of services, (3) outcomes, and (4) compliance with standards and licensure.
- (1) An annual review will be conducted by the Executive Director of the LCPSC to evaluate staff performance, update written policies, assess general condition of the facility and equipment for repair and maintenance, review the security and confidentiality policies and the efficacy of their implementation. A monthly checklist will also be maintained to assure the facility is in favorable condition at all times. (2) The Client Satisfaction Survey will be administered as specified in Section 2.6.3 and the outcomes as shared by the State office will be dissected and applied to decisions concerning quality control and improvement. (3) A standard Continuous Quality Improvement (CQI) form has been developed to track dates and outcomes of specific services. Standard CQI form will be placed in every client folder and will be updated by the case manager following each case management visit and upon client discharge. (4) Tammy Dickerson, RN, a Professional Case Manager and the Nurse Manager of the LCPSC, will oversee compliance with standards and licensures required by all oversight agencies on an annual basis or more frequently as needed. (See Attachment 9)

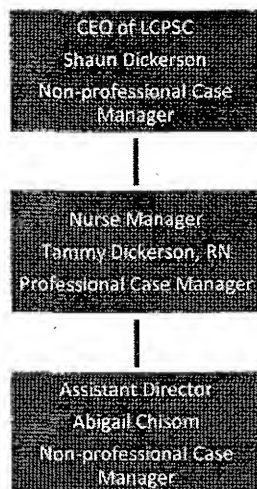
Exhibit F (Cont.)

11. Identify the method of evaluation including indicators that can be measured for continuous quality improvement and capture the data necessary to evaluate the program impact. The plan should address plans and method to improve the program components and continuous quality improvement process activities.

All CQI reports will be compiled and reviewed annually by a professional case manager to evaluate program effectiveness and to determine that the case managers are accurately completing paperwork. The CQI will track actual outcomes and the time frame for those outcomes. Annual meetings will be held for all case managers to evaluate program impact and to discover improved methods. Complaints or requests made by clients will be documented on the Case Management Notes form kept in the client's confidential folder as well as any other services or objectives met, or any other noteworthy issues arising in case management visits that are not posted on the CQI form. These notes will prove valuable in assessing program impact. (See Attachment 10)

12. Organizational Chart - The vendor should provide an organizational chart showing the staffing and lines of authority for the key personnel to be used. The organizational chart should include (1) The relationship of service personnel to management and support personnel, (2) The names of the personnel and the working titles of each, and (3) Any proposed subcontractors including management, supervisory, and other key personnel.

- The organizational chart should outline the team proposed for this project and the relationship of those team members to each other and to the management structure of the vendor's organization.



13. Along with a detailed organizational chart, the vendor should describe the following:

- How services of the contract will be managed, controlled, and supervised in order to ensure satisfactory contract performance.
 - Services of the contract will be initiated by the case managers as deemed necessary through the IPCP. Professional case manager will supervise all services and through the CQI and annual report, assure that services are satisfactorily completed to the benefit of the client and the State of Missouri. Shaun Dickerson, CEO, and Abigail Chisom, Assistant Director, will be the persons responsible for reviewing the terms of the contract to assure that all requirements are accomplished.

Exhibit F (Cont.)

- Total Personnel Resources - The vendor should provide information that documents the depth of resources to ensure completion of all requirements on time and on target. If the vendor has other ongoing contracts that also require personnel resources, the vendor should document how sufficient resources will be provided to the State of Missouri.
 - Shaun Dickerson, the CEO of the LCPSC, is the overall supervisor of the entire facility and all details concerning its continued smooth operation. Mr. Dickerson is the person who has the oversight of all employees, record management and policy enforcement. Mr. Dickerson is also equipped to do case management as needed. Tammy Dickerson, RN has the oversight of actual implementation of the program overseeing the broad details and assuring that services are performed in a professional, accurate and ethical manner. She takes responsibility for initial assessments and makes recommendations to the case managers on a case by case level. Abigail Chisom is a full time member of the staff who does most of the daily case management and reports to Mrs. Dickerson in connection to the IPCP and CQI of each client. The LCPSC has other employees and a highly trained volunteer staff of twenty that is able to serve the center's clients who are not enrolled in the Alternatives to Abortion program thereby leaving the staff case managers free to concentrate on the Alternatives to Abortion service program. The LCPSC has efficiently served the community for over 25 years and has demonstrated a capability to provide every client with respect, courtesy and the services that they need.

14. Economic Impact to Missouri - The vendor should describe the economic advantages that will be realized as a result of the vendor performing the required services. The vendor should respond to the following:

- Provide a description of the proposed services that will be performed and/or the proposed products that will be provided by Missourians and/or Missouri products.
 - Case management and time spent providing educational services to the clients of the LCPSC will provide increased work hours for Missouri employees who are employed by the LCPSC. Though some material items are purchased for the clients, it has not become evident that these items are available as Missouri-made products. However, every effort is made to keep dollars local aiding the local economy.
- Provide a description of the economic impact returned to the State of Missouri through tax revenue obligations.
 - The economic impact to be returned to the State of Missouri is tax revenue obligations through state taxable employee income. One major goal is to assist our clients to become productive citizens of the community through education and job training. We hope to guide them to independence and they in turn will become taxpayers and contributing members of the state. This also enables the clients to support themselves and discontinue receiving state assistance alleviating the financial burden on the State of Missouri.
- Provide a description of the company's economic presence within the State of Missouri (e.g., type of facilities: sales offices; sales outlets; divisions; manufacturing; warehouse; other), including Missouri employee statistics.
 - The LCPSC is a not for profit corporation and maintains a service oriented facility that includes counseling rooms and class rooms. There is also a residential wing of the facility where pregnant women are housed when no other safe housing is available. These two facilities together employ five employees.

Exhibit G

IMPLEMENTATION PLAN

Implementation or Readiness Plan - The vendor should sequentially list and briefly describe the tasks or events proposed for the implementation of the required services. If no tasks or events are required, the vendor should provide a statement of readiness. For each task/event identified, the vendor should identify the number of days required to complete the task/event, the personnel proposed to perform the task/event, and the number of work hours for each person.

- **Completion Day** should be specified as a certain number of days from state agency authorization to proceed with services until completion of the specific task and should be expressed as calendar days, not specific dates.
- **Assigned Personnel** should be identified by name rather than project title unless such personnel are yet to be hired.
- **Workhours** should indicate that time each assigned person will spend on the specific task.

[illegible]

Exhibit H**CLIENT SCENARIO**

The vendor should present a written narrative which demonstrates the method or manner in which the vendor proposes to satisfy the requirements of the Request for Proposal to conduct Alternatives to Abortion Program services for the client situation described below. The vendor should provide a not-to-exceed total price with a price analysis for the client services identified in the narrative

Jane Doe has recently learned that she is 12 weeks pregnant.

Jane is 24 years old and a high school graduate with no post-secondary education. Jane has three other children, ages 6, 4, and 18 months. The father of the new baby does not work, and Jane is unsure if he will stay involved once the baby arrives.

Jane works part time at a fast food restaurant making \$8 an hour, but she would someday like to become a nurse. Jane lives in a two bedroom apartment with her three children, but she struggles to pay rent each month. Jane has an old minivan which she uses to get to work, but it frequently breaks down. Jane has never applied for any public assistance programs.

Jane lives in a rural area, about 25 miles from the contractor's service location and has contacted your organization to access the Alternatives to Abortion Program Services and intends to continue with services until 12 months post-partum.

Narrative: Jane will be invited to come in for an initial assessment with a professional case manager. Since Jane lives 25 miles away from our facility it will be determined if there is another Alternatives to Abortion provider in closer proximity to her home or if she is receiving Alternatives to Abortion program services from another provider. If she chooses to proceed with applying for services with the LCPSC, the professional case manager will determine Jane's eligibility. Jane is a Missouri resident and has brought in her pay stubs and it is determined that she is below the 185% of federal poverty level. She has also brought in a pregnancy verification that she obtained at the LCPSC. The professional case manager will make copies of Jane's pay stubs, her driver's license and will obtain her Social Security number. These will be placed in Jane's client folder which will ultimately be placed in a locked file cabinet and maintained for five years minimum.

Having determined Jane's eligibility, the professional case manager will enroll her into the program obtaining Jane's written consent on the Individual Risk and Needs Assessment Form. The professional case manager will proceed to complete the Individual Risk and Needs Assessment. Though it is allowable to do within a seven day period, the professional case manager decides to also conduct the Initial Client Assessment and a domestic violence screening with Jane in order to document risk factors and services needed to minimize the risk of abortion and to complete the pregnancy. Jane will be assigned a case manager and will be provided with contact information for office hours and for the case manager's phone available for calls 24 hours a day and 7 days a week in the event of an emergency. Jane has no immediate needs but is given assistance to apply for MO HealthNet, WIC, LIHEAP and SNAP. Jane makes an appointment to return in one week to continue case management and begin Prenatal Parent Education and Parenting Skills Training. Jane will also ask the father of the baby if he will attend classes with her.

Exhibit H (Cont.)

Jane returns alone in one week and brings with her the documentation to show that she applied for WIC, SNAP, LIHEAP and MO HealthNet. These will be placed in Jane's client folder and maintained for five years minimum. She has begun receiving WIC vouchers but the other programs are pending. Jane does a class on the importance of taking folic acid in the prevention of neural tube defects and the session is followed by case management. She is informed again that she will be required to attend a minimum of one monthly case management visit while enrolled in the Alternatives to Abortion program. At each visit she and her case manager will work on addressing her Individual Risk and Needs Assessment to identify and address urgent issues. Visits may also include identification of specific measurable objectives and strategies for client education regarding available services and support systems. The case manager will also identify and provide referrals for additional client services that are needed by the client and outcome goals for those referrals.

Today Jane is given some referrals for rent assistance as she may need assistance soon. The case manager also discussed the benefits of moving into town since her car is unreliable, her commute would be shorter and childcare would be more readily obtained. Jane isn't sure but takes referrals for income based housing in town. During future case management visits, Jane and her case manager will work on a budget to include car repair and other transportation costs. Today Jane's case manager goes with her to purchase gas so that Jane may continue to go to her job after coming into town for today's visit.

In future case management sessions Jane is helped to obtain state-assisted daycare for her children and to apply for TANF and FAFSA so she may begin to pursue her career as a nurse. Jane continues to attend Prenatal Parent Education and Parenting Skills Training as time allows with her busy schedule. Her case manager continues to assess her for domestic violence and lends emotional support when the father of the baby abandons her.

In preparation for the arrival of Jane's baby, she will be able to gather baby clothing and furnishings through the LCPSC resource market, the local free store and other community options. The case manager will assure that Jane's baby will have a safe sleep environment and finding nothing available, purchases Jane a pack and play approved by the 2011 American Academy of Pediatrics Recommendations. Jane will have to take maternity leave and will from time to time, as identified in her IPCP, have items purchased for her relating to pregnancy, newborn care and parenting. Jane has moved into town and now has three bedrooms due to obtaining income based housing but is unable to pay the utilities while she is on maternity leave. Her case manager gives her energy assistance referrals but all programming is out of funding. The case manager will assist her to make her utility payments twice.

Within six to eight weeks post-partum, Jane will meet with the professional case manager who will conduct a post-partum depression screening (EPDS). Jane passes the screening and seems to be coping well.

Ultimately Jane and her case manager's goal is for her to have a positive birth outcome and to complete LPN school by the time the baby is one year old. Her case manager will support and help Jane focus on her goals but Jane knows she is the only one who can see her goals accomplished. The case manager has been committed to reworking the IPCP and resetting goals as Jane's situation changes. The case manager is committed to adjusting and finding the best possible way for Jane to succeed.

It is assumed that the fictional client, Jane, will stay in the program until her baby is one year post-partum. Given this information, along with the fact that she is currently 12 weeks pregnant, the LCPSC could reasonably expect to serve this client for 80 weeks. Our professional case manager would plan to meet with her at least every six months which would be approximately four professional case management sessions. Based on a goal of meeting weekly for prenatal and parenting skills classes, we would expect our educator to meet approximately 60 times with this client. Jane's case manager would expect to meet at least once a month and possibly a couple of extra visits to address urgent or unexpected needs averaging about 22 case management visits over the course of her time in the Alternatives to Abortion Services Program.

Exhibit H (Cont.)

Jane will need help with transportation. Again the LCPSC would make every attempt to service her before or after her work hours as she would already be in town. It is likely that Jane would need at least \$200 in transportation assistance.

If Jane is still struggling financially she will need help with essential items for her baby and those would be purchased for her after all other sources had been exhausted. The LCPSC would purchase a Pack N Play and other necessities for her and will pay her utilities twice.

Administrative fees will be assessed on an 8% of the total expenditures.

Professional Case Management	4 visits @ \$43.20	\$172.80
Education by Case Manager	60 visits @ \$21.60	\$1296.00
Monthly Case Management	22 visits @ \$21.60	\$475.20
Transportation		\$200.00
Utility Assistance		\$200.00
Supplies		
Carseat with stroller		\$140.00
Pack N Play		\$80.00
Miscellaneous (diapers, etc.)		\$100.00
Subtotal		\$2664.00
Administrative cost (8%)		\$213.12
Total cost		\$2877.12

Not-to-exceed price: \$5000

Residential care not-to-exceed price: \$35,200

(Based on 352 days at \$100 per day.)

Exhibit I and Exhibit J

The Laclede County Pregnancy Support Center will not be participating in the MBE/WBE and or an Organization for the Blind/Sheltered Workshop and or SDVE.

Exhibit K

**BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,
AND AFFIDAVIT OF WORK AUTHORIZATION**

BUSINESS ENTITY CERTIFICATION:

The vendor must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.

- | | |
|----------------------|---|
| <u>BOX A:</u> | To be completed by a non-business entity as defined below. |
| <u>BOX B:</u> | To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at http://www.uscis.gov/e-verify . |
| <u>BOX C:</u> | To be completed by a business entity who has current work authorization documentation on file with a Missouri state agency including Division of Purchasing. |

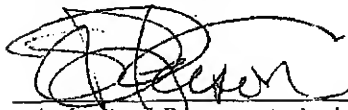
The LCPSC is a business entity who has current work authorization documentation on file with a Missouri state agency including Division of Purchasing. Please see next page.

AFFIDAVIT OF WORK AUTHORIZATION:

The vendor who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now Shaun Dickerson (Name of Business Entity Authorized Representative) as CEO (Position/Title) first being duly sworn on my oath, affirm Laclede County Pregnancy Support Center (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Laclede County Pregnancy Support Center (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)



Authorized Representative's Signature

Shaun Dickerson

Printed Name

CEO

Title

info@psclebanon.org

E-Mail Address -

Date

3-24-16

158089

E-Verify Company ID Number

Subscribed and sworn to before me this 24th of March, 2016. I am

(DAY)

(MONTH, YEAR)

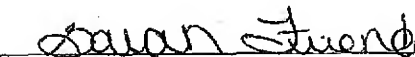
commissioned as a notary public within the County of Laclede, State of

(NAME OF COUNTY)

Missouri, and my commission expires on June 24, 2019.

(NAME OF STATE)

(DATE)


Signature of Notary

3/24/16
Date



SARAH FRIEND
My Commission Expires
June 24, 2019
Pulaski County
Commission #15639382

Exhibit L

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Laclede County Pregnancy Support Center

834168775

Company Name

DUNS # (if known)

Shaun Dickerson

CEO

Authorized Representative's Printed Name

Authorized Representative's Title



3/23/2016

Authorized Representative's Signature

Date

Instructions for Certification

1. By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
6. The prospective recipient of Federal assistance funds further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Procurement or Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.

Exhibit M**MISCELLANEOUS INFORMATION****Outside United States:**

If any products and/or services offered under this RFP are being manufactured or performed at sites outside the United States, the vendor MUST disclose such fact and provide details in the space below or on an attached page.

Are any of the vendor's proposed products and/or services being manufactured or performed at sites outside the United States?	Yes _____	No <u> X </u>
If YES, do the proposed products/services satisfy the conditions described in section 4, subparagraphs 1, 2, 3, and 4 of Executive Order 04-09? (see the following web link: http://s1.sos.mo.gov/CMSImages/Library/Reference/Orders/2004/eo04_009.pdf)	Yes _____	No _____
<p>If YES, mark the appropriate exemption below, and provide the requested details:</p> <p>1. _____ Unique good or service.</p> <ul style="list-style-type: none"> • EXPLAIN: _____ <p>2. _____ Foreign firm hired to market Missouri services/products to a foreign country.</p> <ul style="list-style-type: none"> • Identify foreign country: _____ <p>3. _____ Economic cost factor exists</p> <ul style="list-style-type: none"> • EXPLAIN: _____ <p>4. _____ Vendor/subcontractor maintains significant business presence in the United States and only performs trivial portion of contract work outside US.</p> <ul style="list-style-type: none"> • Identify maximum percentage of the overall value of the contract, for any contract period, attributed to the value of the products and/or services being manufactured or performed at sites outside the United States: _____% • Specify what contract work would be performed outside the United States: _____ 		

Exhibit M (cont.)**Employee/Conflict of Interest:**

Vendors who are elected or appointed officials or employees of the State of Missouri or any political subdivision thereof, serving in an executive or administrative capacity, must comply with sections 105.450 to 105.458, RSMo, regarding conflict of interest. If the vendor or any owner of the vendor's organization is currently an elected or appointed official or an employee of the State of Missouri or any political subdivision thereof, please provide the following information:	
Name and title of elected or appointed official or employee of the State of Missouri or any political subdivision thereof:	
If employee of the State of Missouri or political subdivision thereof, provide name of state agency or political subdivision where employed:	
Percentage of ownership interest in vendor's organization held by elected or appointed official or employee of the State of Missouri or political subdivision thereof:	_____ %

Registration of Business Name (if applicable) with the Missouri Secretary of State:

The vendor should indicate the vendor's charter number and company name with the Missouri Secretary of State. Additionally, the vendor should provide proof of the vendor's good standing status with the Missouri Secretary of State. If the vendor is exempt from registering with the Missouri Secretary of State pursuant to section 351.572, RSMo., identify the specific section of 351.572 RSMo., which supports the exemption.

<i>Charter Number (if applicable)</i>	<i>Company Name</i>
If exempt from registering with the Missouri Secretary of State pursuant to section 351.572 RSMo., identify the section of 351.572 to support the exemption:	

**Attachment #1
Geographic Regions**

GEOGRAPHIC REGION	COUNTIES		
Geographic Region 1	Andrew Atchison Buchanan Caldwell Clinton	Daviess DeKalb Gentry Grundy Harrison	Holt Livingston Mercer Nodaway Worth
Geographic Region 2	Adair Chariton Clark Knox Lewis Linn	Macon Marion Monroe Putnam Ralls Randolph	Schuyler Scotland Shelby Sullivan
Geographic Region 3	Bates Benton Carroll Cass Clay	Henry Jackson Johnson Lafayette Pettis	Platte Ray Saline
Geographic Region 4	Audrain Boone Callaway Camden Cole	Cooper Gasconade Howard Miller Moniteau	Montgomery Morgan Osage
Geographic Region 5	Crawford Dent	Laclede Maries	Phelps Pulaski
Geographic Region 6	Franklin Jefferson Lincoln Perry	Pike St. Charles St. Francois St. Louis City	St. Louis County Ste. Genevieve Warren Washington
Geographic Region 7	Barry Barton Cedar Christian Dade Dallas	Greene Hickory Jasper Lawrence McDonald Newton	Polk St. Clair Stone Taney Vernon Webster
Geographic Region 8	Carter Douglas Howell Oregon	Ozark Reynolds Ripley Shannon	Texas Wright
Geographic Region 9	Bollinger Butler Cape Girardeau Dunklin	Iron Madison Mississippi New Madrid	Pemiscot Scott Stoddard Wayne

ATTACHMENT 2
ALTERNATIVES TO ABORTION (A2A) - PERSONNEL QUALIFICATIONS FORM
 (Effective January 2014)

The Contractor shall complete the Personnel Qualifications Form and submit one copy to Emily Kraft, Commissioner's Office, Office of Administration, via email (emily.kraft@oa.mo.gov) or fax 573-751-1212.

Contractor Name Laclede County Pregnancy Support Center

Point of Contact Shaun Dickerson or Abigail Chisom Telephone Number: 417-532-8555

Subcontractor Name & City (if applicable) _____

Point of Contact _____ Telephone Number: _____

Employee Name, Phone Number, and Email Address*	Professional or Non-Professional Case Manager	Position Qualifications	Supervisor / Contact Person and Phone Number (if different from above)	Employee Status N - New A - Active I - Inactive	Effective Date	Needs Access to the A2A System Yes / No	Columns to be Completed by the A2A Program Manager	
							User Name For Login	Date Processed
*Must provide work email address if employee needs system access.								

This form must be used to notify the state of all personnel changes; i.e. new hires, employees no longer employed by the agency (inactive), employee name changes, qualification changes, and any requests to grant or deny access to the A2A system. The A2A Program Managers assigns all login User Names and relays those on to the Contractor. Once a new employee is established in the system, an automated email with a temporary password is sent directly to the work email address provided.

ATTACHMENT 3

MINOR PARENT INCOME DETERMINATION FORMULA

NOTE: The "minor parent's parent" will be referred to as the "major parent".

A minor parent is defined as a parent under the age of 18, including the month turning 18. The major parent is the biological or adoptive parent of the minor parent, not a stepparent of the minor parent. The income of a major parent(s) is used in determining eligibility, if the major parent(s) lives in the same household as the minor parent. A major parent remains financially responsible for the minor parent until the month s/he reaches the age of 18.

When a minor parent requests benefits, the assistance group(s) and budgeting must be determined based on the family's situation.

If a three generation family does not file as one assistance group, the major parent's income is deemed to the minor parent's assistance group.

NOTE: Verification of the major parent's income is necessary to establish eligibility.

When a minor parent moves in with his/her parent(s), determine if the minor parent is included in an assistance group with his/her parent(s) or if the parent's income is deemed to him/her.

NOTE: DO NOT include the major parent's spouse who is a stepparent or persons in the minor parent's eligibility unit as dependents.

When the major parent's income is deemed to the minor parent, determine the portion of the major parent's income to attribute to the minor parent.

1. Obtain the major parent's monthly gross income;
2. Subtract the following from the gross earned income:
 - 1) An amount equal to 100% of the Federal Poverty Level (FPL) (see Attachment 3A) for the major parent and their dependents in the household (do not include the minor parent and child).
 - a) Dependents are persons who are or could be claimed by the major parent as a dependent for purposes of federal tax liability.
 - 2) A \$90 work expense standard for each employed major parent.
 - 3) An amount equal to the full need standard (see Attachment 3A) for the major parent and any other individuals living in the home, (whose needs are not considered in the minor parent's assistance group), who are claimed or could be claimed by the parent as dependents for purposes of federal income tax liability.

- a) Example: If two adult parents and a sibling of the minor parent live in the same household as the minor parent and her dependent child, disregard an amount equal to the full standard of need for three people.
- 4) Amounts actually paid by the major parent(s) to individuals not living in the home but who are claimed or could be claimed as dependents for federal income tax purposes.
- 5) Court-ordered alimony or child support paid by the major parent(s) for individuals not living in the household.

The remainder is shown as unearned income on the minor parent's budget.

EXAMPLE: Ms. Smith is a minor parent living with her mother. Also in the household are her 2 sisters. Ms. Smith's mother earns \$3,000 monthly.

$\$3,000 - 1,675$ (100% of the Federal Poverty Level for 3) = 1,325

$\$1,325 - \$90 = 1,235$

$\$1,235 - \846 (full need standard for 3) = \$389

\$389 is the major parent's income deemed to the minor parent.

When a minor parent reaches age 18 or moves out of his/her parent's home, the major parent's income is not deemed effective the next month.

ATTACHMENT 3A

2015 INCOME GUIDELINES

Monthly Income Limits:											
# of Persons	1	2	3	4	5	6	7	8	9	10	11
185% of Poverty	\$1,815	\$2,456	\$3,098	\$3,739	\$4,380	\$5,022	\$5,663	\$6,304	\$6,946	\$7,587	\$8,228

Major Parent Deeming:											
# of Persons	1	2	3	4	5	6	7	8	9	10	11
100% of Poverty	\$981	\$1,328	\$1,675	\$2,021	\$2,368	\$2,715	\$3,061	\$3,408	\$3,755	\$4,101	\$4,448
Full Need Standard	\$678	\$678	\$846	\$990	\$1,123	\$1,247	\$1,372	\$1,489	\$1,606	\$1,722	\$1,839

ATTACHMENT 4

**Office of Administration
Commissioner's Office**

REIMBURSEMENT REQUEST FOR OTHER SERVICES

Program: Alternatives to Abortion

Contractor: _____

Subcontractor: _____

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name _____ **Date Enrolled** _____

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
Amt to be reimbursed			

The following items and services are not eligible for reimbursement: taxes, travel expenses, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.

Please return to Alternatives to Abortion Program Manager, State of Missouri – Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to emily.kraft@oa.mo.gov by the Contractor only.

Authorized person requesting purchase: _____

Purchase is Approved ___ **Denied** ___ **A2A Signature** _____ **Date** _____

Reason for denying purchase: _____

ATTACHMENT 5
Directions for Administration of Customer Satisfaction Survey
For the Alternatives to Abortion Program

1. Per the contract, please administer the survey to all clients who receive services from _____ through _____. Each client should complete one survey.
2. The client should be given a plain envelope with the Contractor's name on the outside of the envelope along with a copy of the survey. For Contractors with Subcontractors, the Contractor name, as well as the Subcontractor name, shall appear on the outside of the envelope. The client shall complete the survey, not in the presence of the Contractor, and return the survey to the Contractor in the sealed envelope.
3. Please return all of the sealed envelopes to the Office of Administration, Alternatives to Abortion Program, no later than _____. Surveys should be bundled by the Contractor and submitted to the program manager at the following address:

Alternatives to Abortion Program
Office of Administration
201 W. Capitol Ave.
State Capitol Building, Room 125
Jefferson City, MO 65101

4. A copy of the evaluation report will be shared with all of the Contractors upon completion.

**ATTACHMENT 5A
ALTERNATIVES TO ABORTION PROGRAM
CLIENT SATISFACTION SURVEY**

Agency Name: _____ **Date Completed:** _____

Client race (Check all that apply): ☐ White ☐ African American ☐ American Ind./Alaskan Native
☐ Asian/Pacific Islander ☐ Other

Client Age: _____ **County of residence:** _____

Have you ever received services from this program before? _____

Please check the box for each service you have received and then circle the rating you give to that service.

☐ **Case Management**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Domestic Abuse Prevention**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Finding a Home**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Paying Electric/Gas Bills**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Continuing School**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Going Back to School**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Job Training**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Job Placement**

1	2	3	4	5
---	---	---	---	---

Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
<input type="checkbox"/> Counseling				
1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
<input type="checkbox"/> Clothing (mom and/or baby)				
1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
<input type="checkbox"/> Food				
1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
<input type="checkbox"/> Supplies				
1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
<input type="checkbox"/> Drug/Alcohol Testing/Treatment				
1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
<input type="checkbox"/> Help with an Adoption				
1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
<input type="checkbox"/> Involving and Teaching the Baby's Father				
1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
<input type="checkbox"/> Transportation				
1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
<input type="checkbox"/> Prenatal Care				
1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
<input type="checkbox"/> Getting an Ultrasound				
1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
<input type="checkbox"/> Medical Care for Me				
1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Medical Care for my Baby**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Child Care (babysitting)**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Teaching Parenting Skills**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

Please rate the following statements:

1. I am able to schedule appointments at times that are convenient for me.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

2. I am seen at my appointment time.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

3. I am able to decide which service(s) I want.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

4. I fully understand the service(s) I am receiving.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

5. The service(s) I receive have assisted me in continuing my pregnancy.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

6. I am satisfied with the service(s) I receive.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

7. I would recommend this agency to a friend or family member.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

SUBRECIPIENT SPECIAL CONDITIONS

1. The contractor shall comply with all applicable implementing regulations, and all other laws, regulations and policies authorizing or governing the use of any federal funds paid to the contractor through the contract. The contractor shall ensure compliance with U.S. statutory and public policy requirements, including but not limited to, those protecting public welfare, the environment, and prohibiting discrimination. See the Federal Agency's Notice of Grant Award at <http://health.mo.gov/contractorresources/nga> for the terms and conditions of the federal award(s) governing the contract.
2. In performing its responsibilities under the contract, the contractor shall fully comply with the Office of Management and Budget (OMB) Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards (2 CFR Part 200, as applicable, including any subsequent amendments.
3. The contractor shall send a copy of any audit report to the address identified below each contract year if applicable. The contractor shall return to the state agency any funds disallowed in an audit of this contract.

Office of Administration
Attn: Alternatives to Abortion Program Manager
State Capitol Building, Room 125
Jefferson City MO 65101

4. The contractor shall comply with the public policy requirements as specified in the Department of Health and Human Services (HHS) Grants Policy Statement which is incorporated herein as if fully set forth.
<http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>
5. The contractor shall be responsible for any disallowances, questioned costs, or other items, including interest, not allowed under the federal award or the contract. The contractor shall return to the state agency any funds disallowed within six (6) months of notification by the state agency to return such funds.
6. The contractor shall notify the state agency in writing within thirty (30) calendar days after a change occurs in its primary personnel involved in managing the contract.
7. The contractor shall notify the state agency in writing of any violation of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting federal monies under the contract. Failure by the contractor to disclose such violations may result in the

SUBRECIPIENT SPECIAL CONDITIONS

state agency taking action as described in 2 CFR § 200.338 Remedies for Noncompliance.

8. The contractor shall comply with Trafficking Victims Protection Act of 2000 (22 U.S.C. Chapter 78), as amended. This law applies to any private entity. A private entity includes any entity other than a State, local government, Indian tribe, or foreign public entity, as defined in 2 CFR § 175.25. The subrecipient and subrecipients' employees may not:
 - 8.1 Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
 - 8.2 Procure a commercial sex act during the period of time that the award is in effect; or
 - 8.3 Use forced labor in the performance of the award or subawards under the award.
 - 8.4 The contractor must include the requirements of this paragraph in any subaward made to a private entity.
9. The contractor shall comply with 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations, as applicable.
10. A contractor that is a state agency or agency of a political subdivision of a state and its contractors must comply with Section 6002 of the Solid Waste Disposal Act (42 U.S.C. § 6962), as amended by the Resource Conservation and Recovery Act (P.L. 94-580). The requirements of Section 6002 relate solely to procuring items designated in the guidelines of the Environmental Protection Agency (EPA) at 40 CFR Part 247.
11. The contractor shall provide its Data Universal Numbering System (DUNS) number to the state agency. If the contractor is an exempt individual as per 2 CFR § 25.110(b), the contractor shall notify the state agency of its exemption. Pursuant to 2 CFR Part 25, no entity may receive a subaward unless the entity has provided its DUNS number. The state agency shall withhold the award of the contract until the contractor submits the DUNS number to the state agency and the state agency has verified the DUNS.

SUBRECIPIENT SPECIAL CONDITIONS**12. Equipment:**

- 12.1 Title to equipment purchased by the contractor for the purposes of fulfilling contract services vests in the contractor upon acquisition, subject to the conditions that apply as set forth in 2 CFR § 200.313. The contractor must obtain written approval from the state agency prior to purchasing equipment with a cost greater than \$1,000. The repair and maintenance of purchased equipment will be the responsibility of the contractor. Upon satisfactory completion of the contract, if the current fair market value (FMV) of the equipment purchased by the contractor is less than \$5,000, the contractor has no further obligation to the state agency. The contractor may sell or retain items it purchased with a current FMV greater than \$5,000, but the contractor may be required to reimburse the state agency for costs up to the current value of the equipment.
- 1.12.2 Equipment purchased by the state agency and placed in the custody of the contractor shall remain the property of the state agency. The contractor must ensure these items are safeguarded and maintained appropriately, and return such equipment to the state agency at the end of the program.

Attachment 7: Federal Funding Accountability and Transparency Act (FFATA) Data Form**See instructions for additional information*

Legal Business Name of Entity	Laclede County Pregnancy Support Center				
Doing Business As (if different)					
Street Address	525 S. Washington Ave.				
City	Lebanon	State	MO	Zip Code + 4 *	65536-3233
DUNS Number*	834168775				
Parent Organization's DUNS Number*					
Principal Place of Performance*					
Contact Person's Name / Title	Shaun Dickerson, CEO				
Contact Person Phone Number	417-532-8555				
Contact Person E-Mail	info@psclebanon.org				

Executive Compensation Information***Complete this section if required. See instructions for additional information before completing.*

List the organization's top five most highly compensated executives for the preceding contractor fiscal year.

Name	Amount
1.	
2.	
3.	
4.	
5.	

Certification:

I attest the facts stated above are true and correct.

Shaun Dickerson

Shaun Dickerson

Authorized Representative's Signature_____
Printed Name

CEO

3/23/2016

Title_____
Date

Instructions for Completing the FFATA Data Form

Zip Code + 4

This is the four digit zip code extension available at <http://zip4.usps.com/zip4/welcome.jsp>

DUNS Number

Dun & Bradstreet (D&B) provides a D-U-N-S Number, a unique nine digit identification number, for each physical location of your business.

DUNS Number assignment is FREE for all businesses required to register with the US Federal government for contracts or grants. See <http://fedgov.dnb.com/webform>

Parent Organization's DUNS Number

Complete if applicable. This is typically used by large organizations with multiple facilities in several locations. The parent organization's number is number assigned to the headquarters for the operation.

Principal Place of Performance

Complete if the primary place of performance is different than the address listed above.

Executive Compensation Information

Review the following questions to determine whether you are required to report executive compensation information.

1. In your preceding completed fiscal year, did your business or organization receive:
 - a. 80 percent or more of its annual gross revenues from federal procurement contracts (and subcontracts), and federal financial assistance subject to the Transparency Act, as defined in 2 CFR 170.320; and
 - b. \$25,000,000 or more in annual gross revenues from federal procurement contracts (and subcontracts), and federal financial assistance subject to the Transparency Act?

☐ Yes ☐ No

Note: If the answer to either Question 1a or 1b is "No", your organization's compensation information is not required. Do not complete the Executive Compensation Information section of the FFATA Data Form.

Note: If the answer to both 1a and 1b is "Yes", proceed to Question 2.

2. Does the public have access to the information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 [15 U.S.C. 78M(a), 78o(d)] or section 6104 of the Internal Revenue Code of 1986? *(To determine if the public has access to the compensation information, see the U.S. Securities and Exchange Commission's total compensation filings at <http://www.sec.gov/answers/execomp.htm>*

☐ Yes ☐ No

Note: If the answer to Question # 2 is "Yes", your organization's executive compensation information is not required.

Note: If the answer to Question #2 is "No", you are required to complete the Executive Compensation Information section of the FFATA Data Form.

Definitions

"Executive" means officers, managing partners, or any other employees in management positions.

"Total compensation" means the cash and non-cash dollar value earned by the executives during the preceding fiscal year and includes items such as salary, bonuses, stock awards, incentive plans, pension plans, deferred compensation, etc.

Additional information about reporting compensation is available at:
https://www.fsrs.gov/documents/OMB_Guidance_on_FFATA_Subaward_and_Executive_Compensation_Reporting_08272010.pdf

ALTERNATIVES TO ABORTION (A2A) Curriculum Checklist

Class Title	Method	Date
Importance of Prenatal Care	Do EWYL Lesson 1.2. DVD; 11 min.	
Alcohol, Tobacco & Drug Use During Pregnancy	Do EWYL Lesson 2.1 DVD; 18 min. Also review and handout two brochures. "Pregnancy & Drugs" and "Alcohol & Pregnancy: Keeping Your Baby Sober"	
Folic Acid in the Prevention of Neural Tube Defect	Do EWYL Lesson 1.3. DVD; 15 min. Also give her the brochure "Folic Acid, Everyday".	
Breastfeeding	Do EWYL Lesson 10.1 DVD; 28 min. (Can do other breastfeeding lessons later if desired.)	
Safe Sleep for Infants	Do EWYL Lesson 3.4. DVD; 14 min.	
Shaken Baby Syndrome	Do EWYL Lesson 8.5 - and homework (DVD- 8 min.) DVD; 28 min.	
Advantages of Birth Spacing as It Relates to the Health of the Mother and Infant	Read aloud and discuss the hand-out " <i>Facts on Birth Spacing</i> ". (in milk crate). And remind her of the <i>Prenatal Visit</i> pages in her "Pregnancy and Beyond" book. No homework.	
Preconception Care	Give client the handout " <i>Preconception Health Care</i> " and review orally - no homework for this lesson.	
Shots/Immunizations	Do EWYL Lesson 5.5 DVD; 29 min. Remind her that she has a section in her "Pregnancy and Beyond" book to track her child's shots.	
Concrete Support for Parents	Mentor will use the outline to illustrate how to identify basic needs and how to find solutions to a specific problem. (Don't give this sheet to client. It is only for your use to facilitate conversation.) Find any referrals needed for current situation. Orally review the <i>Concrete Supports</i> handout and send home with client.	
Knowledge of Parenting and Child & Youth Development	Do EWYL Lesson 4.4 DVD; 12.5 min. Use "Pregnancy & Beyond" book and	

	look at pgs. 20-41 for an example of how it shows normal stages of development under "Things to Know". (If client has a baby find the page that corresponds to baby's current age.)	
Parental Resilience	Use the lesson on "Parental Resilience" and individualize the lesson to your specific client. Make it applicable to her as a mother.	
Social Connections	Do the lesson on "Social Connections" .	
Nurturing and Attachment	Do EWYL lesson 4.5 "The Importance of Bonding" DVD; 12 min.	

******This ends the mandatory section. Following are the secondary approved lessons. Do these only after the previous lessons have all been completed.**

1.1	THE FIRST TRIMESTER (DVD 40 min) Suitable For: Any client in her first trimester Time Frame: As early as possible in the first trimester
1.3	EATING FOR TWO (DVD 15 min) Suitable For: All clients Time Frame: Preferably during the first trimester
1.5	YOUR DEVELOPING BABY (DVD 12 min) Suitable For: All clients Time Frame: Anytime during pregnancy
2.2	ULTRASOUND - WINDOW TO THE WOMB (DVD 12 min) Suitable For: All clients Time Frame: Ideal <i>before</i> the first ultrasound, but worthwhile anytime during pregnancy.
2.4	BONDING WITH YOUR UNBORN BABY (DVD 40 min) Suitable For: All clients Time Frame: Second trimester; homework requires baby movement
2.5	YOUR CHANGING BODY (DVD 31 min) Suitable For: All clients Time Frame: First trimester or early in the second
3.1	THE SECOND TRIMESTER (DVD 30 min) Suitable For: All clients Time Frame: Second trimester
3.2	UNDERSTANDING YOUR BABY'S CRY, PART 1 (DVD 24 min) Suitable For: All clients Time Frame: Third trimester or early infancy
3.3	YOUR UNBORN BABY'S SECRET WORLD (DVD 16 min) Suitable For: All clients Time Frame: Ideal after the lesson "Bonding with Your Unborn Baby"
3.5	UNDERSTANDING YOUR BABY'S CRY, PART II (DVD 13 min) Suitable For: All clients Time Frame: Third trimester or early infancy
4.1	THE THIRD TRIMESTER (DVD 30 min) Suitable For: Any client in her third trimester Time Frame: Anytime in the third trimester, but preferably at the beginning
4.3	EYE CONTACT MEANS LOVE (DVD 11 min)

Suitable For: All clients
Time Frame: Third trimester or anytime during infancy

4.4 **INFANT TEMPERAMENT** (DVD 12 min)
Suitable For: All clients
Time Frame: Third trimester or anytime during infancy

4.5 **THE IMPORTANCE OF BONDING** (DVD 12 min)
Suitable For: All clients
Time Frame: Third trimester or early infancy

5.1 **INFANT MASSAGE** (DVD 47 min) ***Optional Lesson
Suitable For: Any client in her third trimester or soon after birth
Time Frame: Ideal in late third trimester or soon after birth

5.2 **THE BASICS OF NEWBORN CARE** (DVD 17 min)
Suitable For: All clients
Time Frame: Late third trimester or when baby is born

6.2 **SAFE FROM THE START - CPR TRAINING** (DVD 9 min)
Suitable For: All clients
Time Frame: For clients who have newborns to five-year-olds

6.3 **PARENTING WITH RESPECT** (No DVD)
Suitable For: All clients
Time Frame: Anytime after baby is born

6.4 **QUALITY CHILD CARE** (DVD 21 min)
Suitable For: All clients
Time Frame: Anytime after baby is born or if she has other children

6.5 **LEARNING THROUGH PLAY** (DVD 20 min)
Suitable For: All clients
Time Frame: Anytime after the baby is born

7.1.B **PEDIATRIC EMERGENCIES** (DVD 30 min for second half of DVD)
Suitable For: Any client with an infant or children
Time Frame: Anytime after the baby is born

7.2.A **ROUTINE ILLNESSES** (DVD 27 min for approximately half of the DVD)
Suitable For: All clients with an infant or children
Time Frame: Anytime

7.2.B **ROUTINE ILLNESSES** (DVD 27 min for second half of DVD)
Suitable For: All clients with an infant or children
Time Frame: Anytime

7.3	CAR SEAT SAFETY (DVD 17 min) Suitable For: All clients Time Frame: Third trimester or any age her child requires a car seat
7.4	YOUR BABY CAN SLEEP (DVD 24 min) Suitable For: All clients Time Frame: Beginning at seven to nine months
7.5	DOMESTIC VIOLENCE (DVD 18 min) Suitable For: All clients Time Frame: Anytime
8.1	FOOD FOR GROWTH - FEEDING YOUR BABY (DVD 14 min) Suitable For: Any client with an infant Time Frame: Newborn or early infancy
8.2	LOOKING AT ADOPTION (DVD 18 min) Suitable For: Clients who express an interest in adoption Time Frame: As soon as client expresses an interest in adoption
8.3	YOUR BABY'S DEVELOPMENT (DVD 16 min) Suitable For: All clients Time Frame: Early infancy
8.4	PREVENTING CHILD SEXUAL ABUSE (DVD 30 min) Suitable For: All clients with children of any age Time Frame: Anytime after birth
9.1	POSTPARTUM FROM PREGNANT TO PARENT (DVD 33 min) Suitable For: All clients Time Frame: Late pregnancy or early infancy
9.2	YOUR HEALTHY BABY (DVD 26 min) Suitable For: All clients Time Frame: Late pregnancy or early infancy
9.3	READY TO LEARN (DVD 30 min) Suitable For: All clients Time Frame: Late pregnancy or early infancy
9.4	HAPPIEST BABY ON THE BLOCK (DVD 37 min) Suitable For: All clients Time Frame: Late pregnancy or early infancy
9.5	TOILET TRAINING (DVD 25 min) Suitable For: All clients

Time Frame: After the first year

10.3	GETTING ENOUGH MILK (DVD 15 min) Suitable For: All clients Time Frame: Ideal in late third trimester (repeat after birth if client desires)
10.4	GROWTH SPURTS AND ESSENTIALS (DVD 8 min) Suitable For: All clients Time Frame: Ideal in late third trimester (repeat after birth if client desires)
10.5	RETURNING TO WORK (Audio 65 min) ***not necessary for every client Suitable For: Any client returning to work soon after birth Time Frame: Ideal in late third trimester or soon after birth
11.1	INTRODUCTION AND OPTIONS (DVD 20 min) Suitable For: All clients Time Frame: Last trimester before giving birth
11.2	INTERVENTIONS AND LABOR (DVD 15 min) Suitable For: All clients Time Frame: Last trimester, close to giving birth
11.3	MOVING THROUGH LABOR (DVD 20 min) Suitable For: All clients Time Frame: Last trimester, close to giving birth
11.5	INFANT CARE (DVD 10 min) Suitable For: All clients Time Frame: Last trimester, close to giving birth
12.1	INTRODUCTION TO DEVELOPMENTAL MILESTONES (no DVD) Suitable For: All clients Time Frame: Last trimester or after giving birth
12.2	NEWBORN MILESTONES (DVD 15 min) Suitable For: Any clients Time Frame: Last trimester or after giving birth
12.3	THREE TO SIX MONTHS MILESTONES (DVD 20 min) Suitable For: All clients Time Frame: After birth before her baby is three months old
12.4	SIX TO NINE MONTH MILESTONES (DVD 15 min) Suitable For: Any client Time Frame: After birth before her baby is six months old

12.5

TWELVE MONTH MILESTONES (DVD 13 min)

Suitable For: Any client

Time Frame: After birth before her baby is twelve months old

L.2.1

MONEY MANAGEMENT 101

Suitable For: Any client

Time Frame: Anytime

L.2.2

BASICS OF BUDGETING

Suitable For: Any client

Time Frame: Anytime

L.2.3

CHECKING ACCOUNTS

Suitable For: Any client

Time Frame: Anytime

L.2.4

POSITIVE CREDIT

Suitable For: Any client

Suitable For: Any client

L.2.5

SAVING FOR THE FUTURE

Suitable For: Any client

Time Frame: Anytime

L.3.1

APARTMENT RENTING 101

Suitable For: Any client

Time Frame: Anytime

L.3.2

ROOMMATES - CONFLICT RESOLUTION

Suitable For: Any client

Time Frame: Anytime

L.3.3

FURNISHING AND DECORATING YOUR HOME

Suitable For: Any client

Time Frame: Anytime

L.3.4

HOUSECLEANING 101

Suitable For: Any client

Time Frame: Anytime

L.3.5

TIME MANAGEMENT FOR THE PARENT

Suitable For: Any client with children or expecting

Time Frame: Anytime

L.4.1

SHOPPING FOR A CAR

Suitable For: Any client

Time Frame: Anytime

L.4.2	INSURANCE NEEDS Suitable For: Any client Time Frame: Anytime
L.4.3	USING A RECIPE Suitable For: Any client Time Frame: Anytime
L.4.4	SURVIVING AT THE CHECKOUT Suitable For: Any client Time Frame: Anytime
L.4.5	MENU PLANNING Suitable For: Any client Time Frame: Anytime
P1.1	STRAIGHT THINKING Suitable For: Clients with children ages 2-12 Time Frame: Anytime or when client expresses need for disciplinary help with children
P1.2	THE 1-2-3 Suitable For: Clients with children ages 2-12 Time Frame: Anytime or when client expresses need for disciplinary help with children
P1.3	REAL WORLD APPLICATIONS - WHEN THERE IS AN AUDIENCE VARIATIONS AND GETTING STARTED Suitable For: Clients with children ages 2-12 Time Frame: Anytime or when client expresses need for disciplinary help with children
P1.4	TESTING AND MANIPULATION Suitable For: Clients with children ages 2-12 Time Frame: Anytime or when client expresses need for disciplinary help with children
P1.5	COUNTING IN ACTION AND CONCLUSION Suitable For: Clients with children ages 2-12 Time Frame: Anytime or when client expresses need for disciplinary help with children
P2.1	INTRO AND REVIEW - SEVEN TACTICS FOR ENCOURAGING GOOD BEHAVIOR Suitable For: Clients with children ages 2-12 Time Frame: Anytime or when client expresses need for disciplinary help with children
P2.2	SEVEN TACTICS FOR ENCOURAGING GOOD BEHAVIOR Suitable For: Clients with children ages 2-12 Time Frame: Anytime or when client expresses need for disciplinary help with children

P2.3	SPECIFIC APPLICATIONS Suitable For: Clients with children ages 2-12 Time Frame: Anytime or when client expresses need for disciplinary help with children
P2.4	THE FAMILY MEETING AND TEN STRATEGIES FOR BUILDING SELF-ESTEEM Suitable For: Clients with children ages 2-12 Time Frame: Anytime or when client expresses need for disciplinary help with children
P2.5	BUILDING SELF-ESTEEM AND THE PAYOFF Suitable For: Clients with children ages 2-12 Time Frame: Anytime or when client expresses need for disciplinary help with children
P3.1	HOW TO REALLY LOVE YOUR CHILD Suitable For: Clients with children ages 2-12 Time Frame: Anytime or when client expresses need for disciplinary help with children
P3.2	THE KEY TO DISCIPLINE Suitable For: Clients with children ages 2-12 Time Frame: Anytime or when client expresses need for disciplinary help with children
P3.3	POWER STRUGGLES Suitable For: Clients with children ages 2-12 Time Frame: Anytime or when client expresses need for disciplinary help with children

RFPS30034901600477	ATTACHMENT 9a											
	ALTERNATIVES TO ABORTION (A2A)											
(CQI) Client Objectives and Outcomes - 2015 to 2016												
Client Name:												
EDD:												
Adoption Assistance:												
Contacted adoption agency												
Met w/adoption specialist												
Accepted/declined service (circle one)												
Made adoption plan												
Placed baby for adoption												
Participated in grief counseling												
Knowledge of on-going post adoption support												
Notes/Other												
Domestic Violence:												
Contacted DV programs												
Accepted/declined service (circle one)												
Left DV situation												
Established safe housing w/family/friends/shelter												
Notes/Other												
Drug/Alcohol Treatment and Testing:												
Contacted rehab centers												
Met w/rehab counselors												
Accepted/declined service (circle one)												
Completed rehab program												
AA/NA/CR participation												
Clean for 3 mo/6 mo/1 yr (circle one)												
Notes/Other												

(CQI) Client Objectives and Outcomes - 2015 to 2016

Client Name: _____ EDD: _____	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
Education:												
Contacted local school or GED program												
Enrolled in School												
Enrolled in GED program												
Pursued college education/vocational												
Completed high school/GED (circle one)												
Notes/Other												
Establishing and Promoting Responsible Paternity:												
Contacted DFS regarding DNA testing												
Accepted/declined service (circle one)												
DNA test completed												
Filed for child support												
FOB attended parenting classes w/client												
Notes/Other												
Housing												
Contacted housing programs												
Accepted/declined service (circle one)												
Completed necessary steps to acquire housing (paperwork for waiting list, eligibility etc.)												
Secured funding for deposit/down payment/rent												
Established a budget to include housing cost												
Secured permanent/temporary safe housing (circle one)												
Entered residential facility												
Notes/Other												
Job Training and Placement:												

(CQI) Client Objectives and Outcomes - 2015 to 2016

	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
Client Name: _____												
EDD: _____												
Contacted job placement/training program												
Accepted/declined service (circle one)												
Completed job training program												
Registered with job placement agencies												
Called all referrals given re job training/employment												
Attended job readiness program												
Completed job readiness program												
Created and completed a resume												
Filled out a minimum of 3 job applications per week												
Secured employment												
Notes/Other												
Medical:												
Applied for Medicaid												
Established prenatal care												
Kept medical appointments												
Maintained health lifestyle for pregnancy												
Notes/Other												
Mental Health Care:												
Contacted mental health agencies												
Accepted/declined service (circle one)												
Left treatment before completion												
Completed treatment												
Obtained other mental healthcare												
Notes/Other												
Newborn/Infant Care:												
Selected pediatrician prior to birth												

(CQI) Client Objectives and Outcomes - 2015 to 2016

Client Name: _____	Date Enrolled:	Date Enrolled:														
		Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.			
EDD: _____																
Made and kept newborn/infant medical appointments																
Secured safe childcare following birth																
Notes/Other																
Parenting Skills:																
Attended parenting skills, individual sessions																
Attended parenting skills, group sessions																
Participated in classes outside agency																
Notes/Other																
Smoking:																
Contacted smoking cessation hotline																
Attended smoking cessation class																
Created a stop-smoking plan																
Decreased smoking (amt)																
Stopped smoking																
Continued smoking																
Notes/Other																
Transportation:																
Contacted transportation programs in area																
Used transportation programs																
Established transportation w/family or friends																
Established a budget system to include transportation costs																
Saved money and bought a vehicle																
Notes/Other																
Utilities:																
Contract utility assistance programs in area																

RFPS30034901600477

ATTACHMENT 9a
ALTERNATIVES TO ABORTION (A2A)

Monthly Infrastructure Check Sheet A2A Grant FY2016

	July	August	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May
Check fire extinguishers											
Inspect bathroom for functionality											
Check for burned out bulbs in facility											
Assure parking lot is in good repair											
Check for overall cleanliness											
Check for needed supplies											
Review of each client's IPCP & CQI											

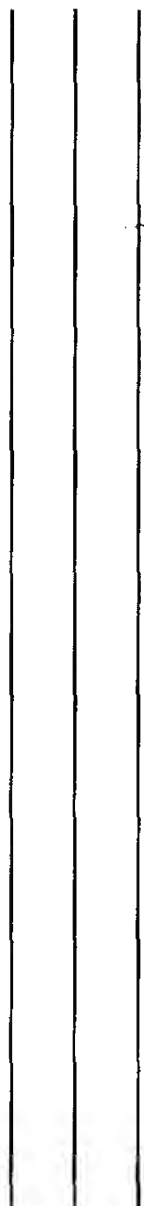
Annual Infrastructure Check Sheet

Date: Review Done By: Notes:

Review Policy & Procedures

Verify updated standards & licensures

Notes on training, education
of personnel



June							
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Attachment 10
Alternatives to Abortion (A2A)

Client Name: _____ Due Date: _____

[illegible]



State of Missouri ▼



Karen Herman ▼

View Suppliers and Documents : RFPS30034901600477 - Alternatives to Abortion Program Services (Formal)

Review supplier list and any document attachment submitted by suppliers for Formal Solicitation
RFPS30034901600477

Evaluation Notes

Supplier	Attachments
3M Company (n/a)	
Access II Independent Living Center (n/a)	
Active Parenting Publishers, Inc (n/a)	
Adoption and Foster Care Coalition of MO (n/a)	
Aetna Medicaid Administrators LLC (n/a)	
All Generations Adult Day Center LLC (n/a)	
Alliance for Life - Missouri Inc (n/a) [Add Attachments]	
American Healthways Services LLC (n/a)	
Angela DeWilde (n/a)	
Annette M Maskrod (n/a)	
Annie Malone Children and Family Service Center (n/a)	
Annie Malone Children and Family Service Center (n/a)	
Ascend Management Innovations LLC (n/a)	
Beauty By Design (n/a)	
Behavioral Innovations (n/a)	

Supplier	Attachments
Jacqueline Ellis (n/a)	
Jeanmarie Reynolds LPC (n/a)	
Journey To New Life Inc (n/a)	
Jubabees heating and Cooling LLC (n/a)	
K. Taylor and Associates, LLC (n/a)	
Karen Ebert (n/a)	
Kingdom House (n/a)	
Kingdom Ministries (n/a)	
KM Group LLC (n/a)	
Knowledge Management Associates (n/a)	
Laclede County Pregnancy Support Center (n/a) [Add Attachments]	
Leading Hearts (n/a)	
Leslie N Jones PhD LLC (n/a)	
Life Changers Family Services (n/a)	
Life Matters Counseling, LLC (n/a)	
Life Network of Central Missouri (n/a)	
Lifeworks Family Treatment Group LLC (n/a)	
Lutheran Family and Childrens Services of Missouri (n/a) [Add Attachments]	
M Jenise Comer (n/a)	
Maintenance supply company (n/a)	
Mark Leavell (n/a)	
MARY JOHNSON (n/a)	
Maxim Healthcare Services, Inc. (n/a)	